eCIRTS Training Guide
Eligibility Workflows V4

Florida Department of Elder Affairs (DOEA)

Software and services for realizing care's potential

Document Tracking

Versions			
Revision	**Author/Editor**	**Date**	**Changes**
1.0	J. Buck	12/20/23	Document creation
2.0	J. Buck	3/27/24	Updated with PSA and DOEA testing feedback.
3.0	J. Buck	5/6/24	Updated with feedback from Casey Anderson
4.0	J. Buck	5/13/24	Updated with feedback from WS Training Center. Minor updates.

Implementation Team

WellSky Project Team	
Name	**Email**
Jennifer Buck	Jennifer.Buck@wellsky.com
Monica Reed	Monica.Reed@wellsky.com

FL DOEA Project Team
Name & Email
PSA 2 - Keith Lavery-Barclay, keithlb@aaanf.org PSA 3 - Cindy Roberts, crobertsc@agingresources.org PSA 4 - Davette Wellmaker, davette.wellmaker@myeldersource.org PSA 5 - Tracy Barrrows, tracy.barrows@aaapp.org PSA 6 - Francene Hazel; francene.hazel@sccmail.org PSA 7 - Christian Steiner, christian.steiner@sraflorida.org PSA 11 - Lisa Mele, melel@allianceforaging.org
DOEA – Gretta Jones jonesg@elderaffairs.org
DOEA – Casey Anderson andersonc@elderaffairs.org

Table of Contents

Icons used in the Guide

Icon	Description
	**Tip** Tips provide general recommendations on how to make it easier or more productive to use WellSky.
	**Caution** The Caution icon highlights areas of note or concern, where failure to use the system properly may cause or exacerbate problems.
	**Note** Notes provide additional information of general interest about a specific function or process of WellSky.
	**Example** Examples are provided to help you develop a better understanding of the subject area and how WellSky may be used in a specific scenario of relevance.

Eligibility Workflows Training Guide Overview & Objectives

WellSky Human Services application/eCIRTS will maintain the helpline, intake/screening and eligibility process throughout the state of Florida, previously completed in REFER and CIRTS.

Introduction	This training introduces you to the workflows completed by the eligibility staff in eCIRTS.
Importance	Your confidence in using eCIRTS for receiving caseload assignments, documenting contact attempts, completing pre-release research tasks, creating the Medicaid Waiver Timeline form, and creating CARES referrals will increase as you develop proficiency in the software.
Overview	To help develop the necessary skills and understanding to effectively use eCIRTS to perform the eligibility workflows.
Objectives	Following the steps in the guide to: • Assign eligibility specialists to a case. • Receive new caseload assignments. • Document contact attempts. • Document the completion of pre-release research tasks. • Create and update Medicaid Waiver Timeline forms. • Create the CARES Referral.

Eligibility specialists can receive any of the following types of referrals:

1. EMS Release
2. APS to ALF referral
3. Regaining eligibility referral

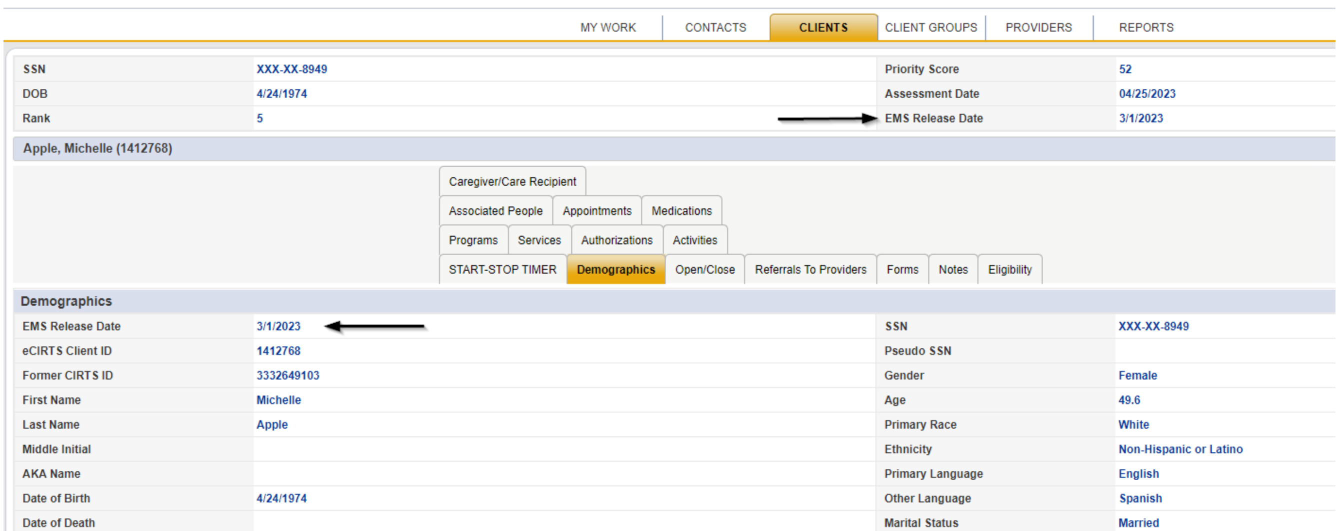
EMS Release

Most of the cases assigned to eligibility specialists are an EMS release. Once AHCA provides the number of slots for release and the EMS Release Date, the interface will populate it on the client's Demographic record in eCIRTS. The date does NOT need to be manually added but you can view it.

Role: eCIRTS Worker

1. Navigate to the Client record and select the **Demographics** tab.

2. The EMS Release Date is visible at the top of the page and within the Demographic summary section about halfway down the page.



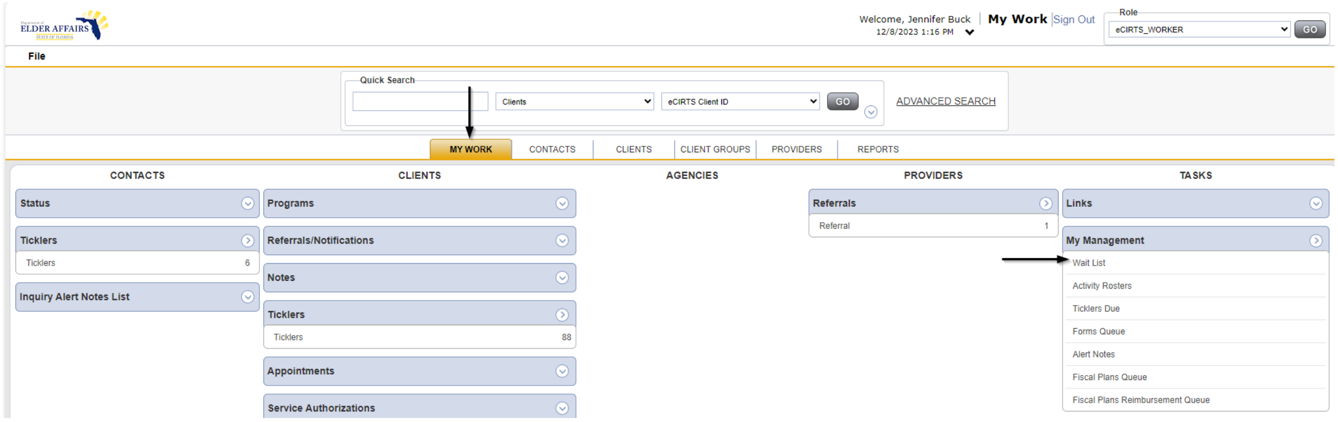
Eligibility Specialist Assigned

Once the EMS release date is received from AHCA, the ADRC supervisor or designee will assign each client to an Eligibility Specialist.

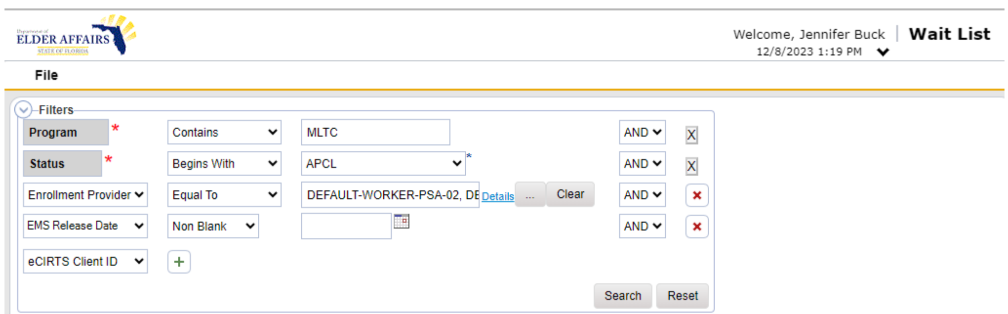
Role: eCIRTS Worker

1. Use **EMS Release Report** or use the **My Work > Waitlist** queue filters to determine Eligibility Specialist assignments. Navigate to **My Work.**

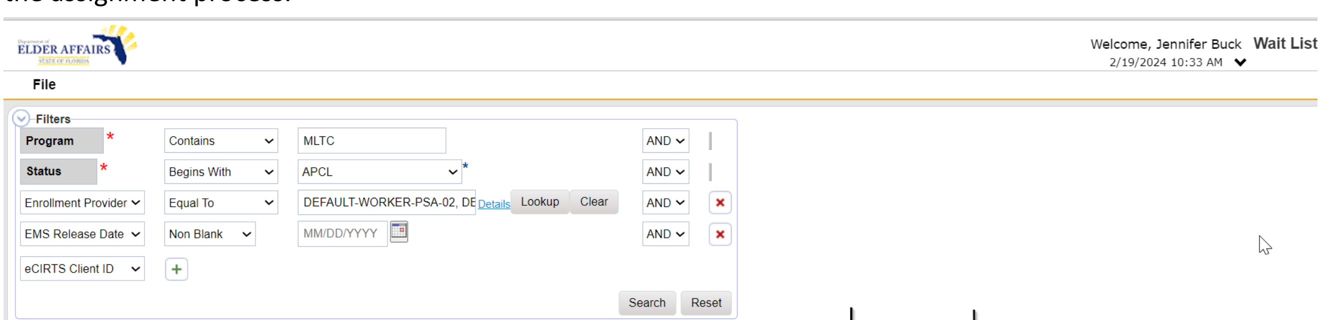
2. Select the **Tasks > My Management > Wait List** queue.



3. Enter the following search filters:
   a. **Program**: contains MLTC
   b. **Status**: begins with APCL
   c. **Enrollment Provider**: search for and select the generic Default PSA worker record for your PSA knowing the MLTC waitlist enrollments are assigned first to this 'queue' then assigned to an eligibility specialist.
   d. **EMS Release Date**: not blank



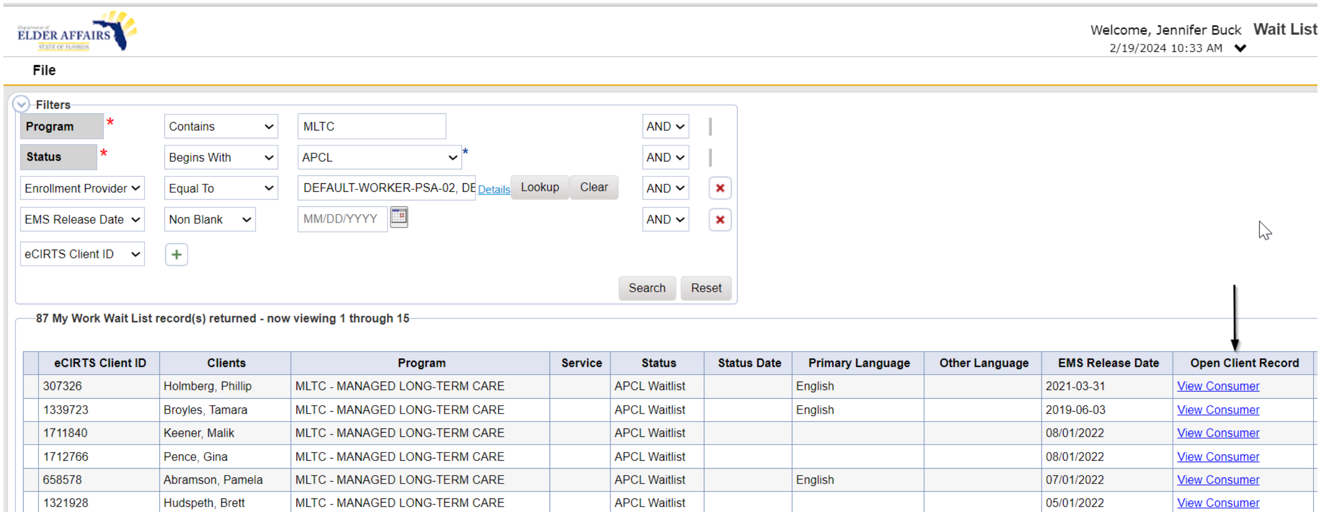
4. Click **Search**. MLTC records in APCL status in your PSA that need to be assigned to an eligibility specialist are listed. Note **Primary Language** and **Other Language** are visible in the search results. These can help the assignment process.



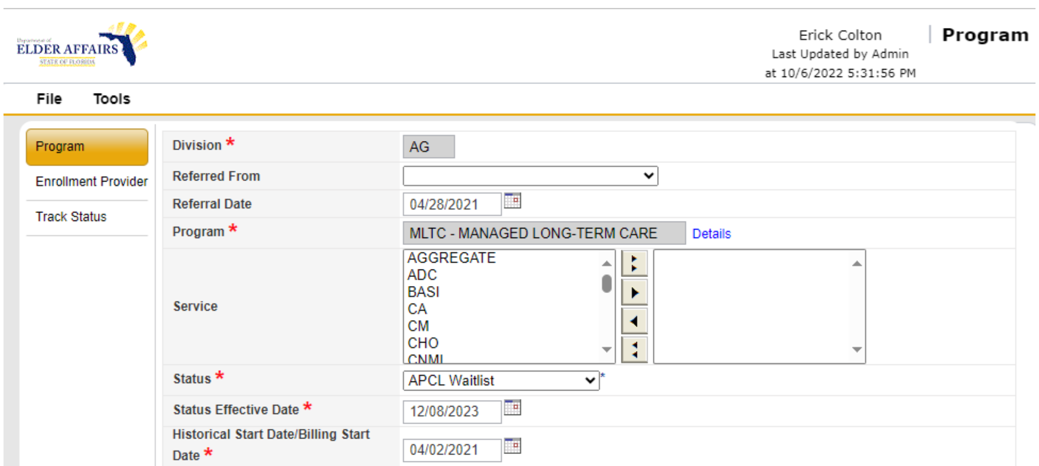
87 My Work Wait List record(s) returned - now viewing 1 through 15

eCIRTS Client ID	Clients	Program	Service	Status	Status Date	Primary Language	Other Language	EMS Release Date	Open Client Record
307326	Holmberg, Phillip	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist		English		2021-03-31	View Consumer
1339723	Broyles, Tamara	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist		English		2019-06-03	View Consumer
1711840	Keener, Malik	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist				08/01/2022	View Consumer
1712766	Pence, Gina	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist				08/01/2022	View Consumer
658578	Abramson, Pamela	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist		English		07/01/2022	View Consumer
1321928	Hudspeth, Brett	MLTC - MANAGED LONG-TERM CARE		APCL Waitlist				05/01/2022	View Consumer

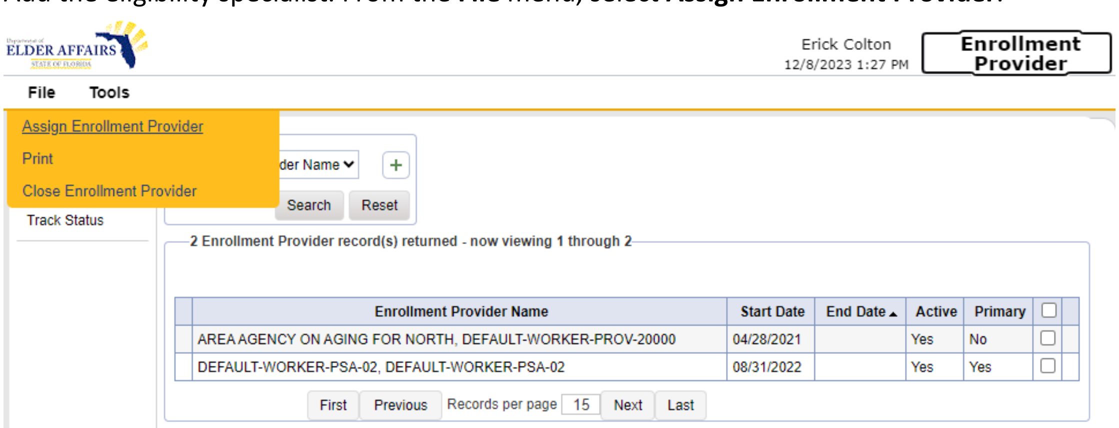
5. Each client will be assigned to an eligibility specialist by changing the Enrollment Provider on the MLTC program record. From the Wait List search results, select the **View Consumer link.** This will open the full client record. Select the **MLTC APCL** record from the **Programs** tab.



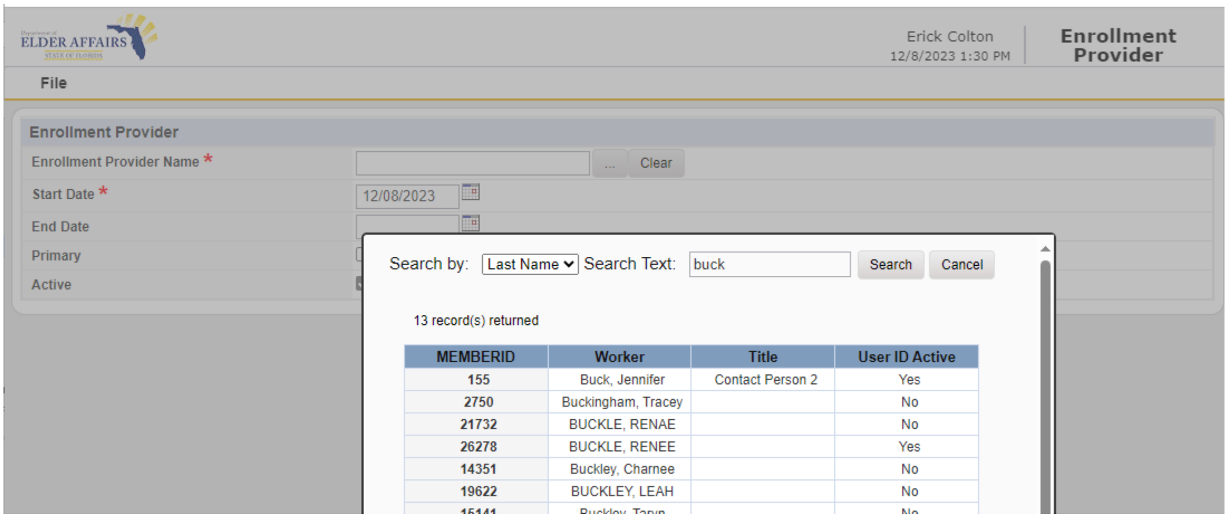
6. If you only need to edit the MLTC program record, you can just click it from the Wait List search results list. The **Program** details page displays.



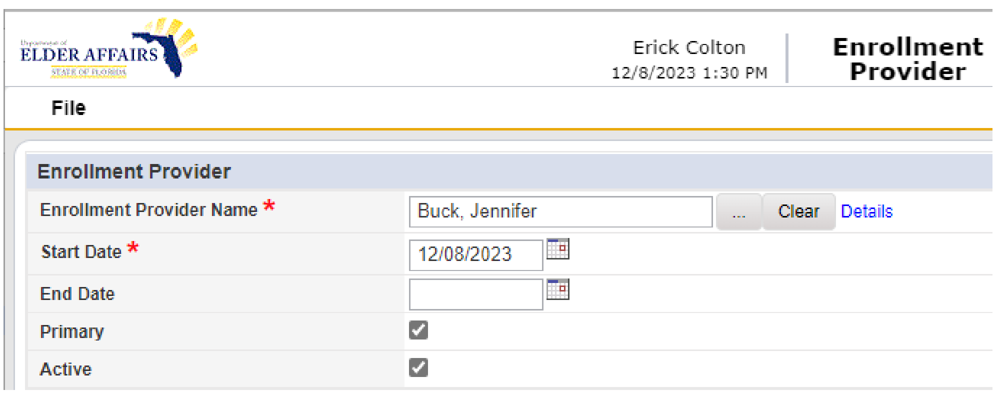
7. Select the **Enrollment Provider subpage**. Any worker ever associated with this enrollment will be listed. Add the eligibility specialist. From the **File** menu, select **Assign Enrollment Provider**.



8. Search for and select the name of the assigned eligibility specialist.



9. The page refreshes and the name is populated. Update the following fields:
   a. **Start Date**: default to today. Can be backdated if needed.
   b. **End Date**: leave blank. Can be added if/when this worker is no longer active with this case.
   c. **Primary**: Check the box. Only one worker can be Primary, and you want it to be the eligibility specialist. The Primary worker is the one who will be able to see this client on their My Work queues.
   d. **Active**: check the box



10. From the **File** menu, select **Save and Close Enrollment Provider.**

11. The eligibility specialist will access his/her caseload on **My Work**. Proceed to the View Caseload section.

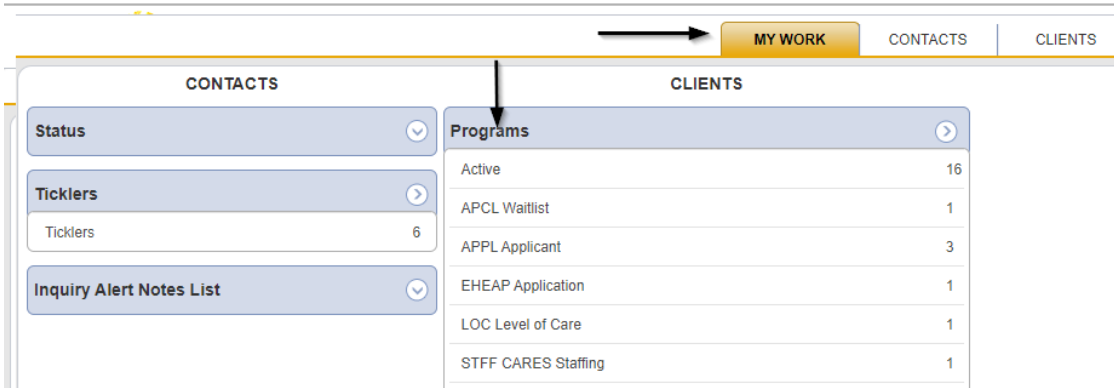
View Caseload

The eligibility specialist can use the queues on My Work to view and manage their caseload as the client's progress through the EMS release, CARES Assessment, LOC determination and eligibility process.

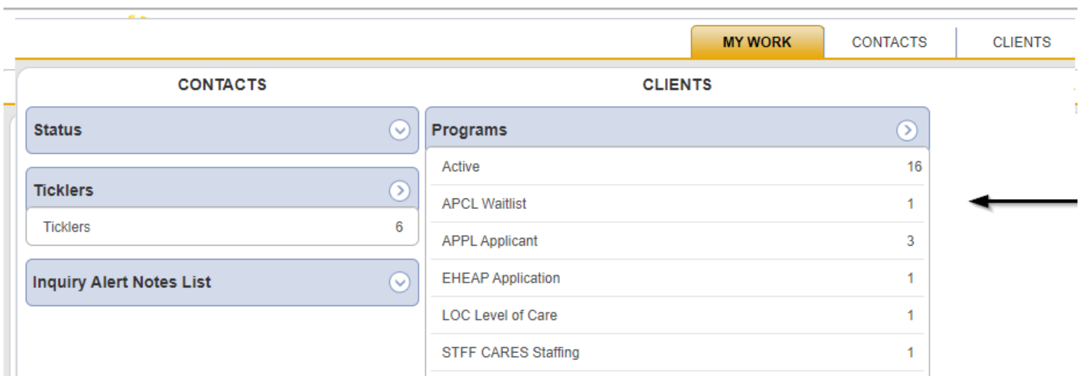
Role: **eCIRTS Worker**

To view newly assigned cases:

1. Navigate to **My Work**. Select the **Clients > Programs** queue.



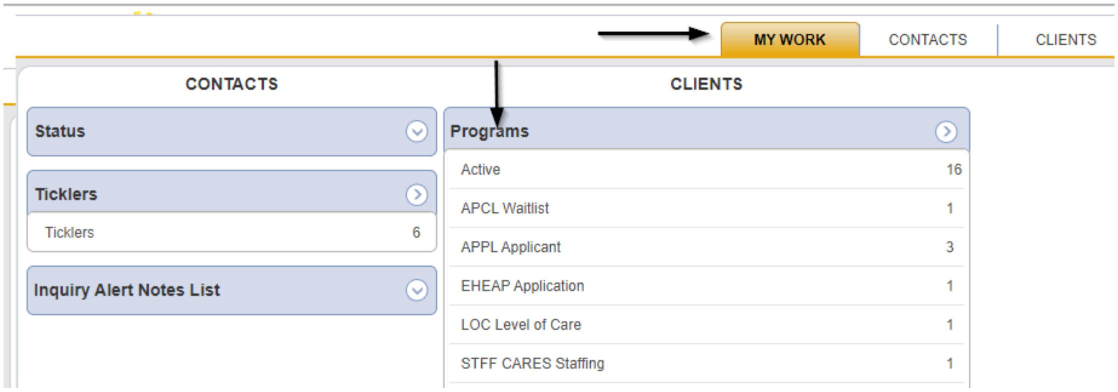
2. New cases that have been assigned to the eligibility specialist will be visible by selecting the **APCL Waitlist queue**.



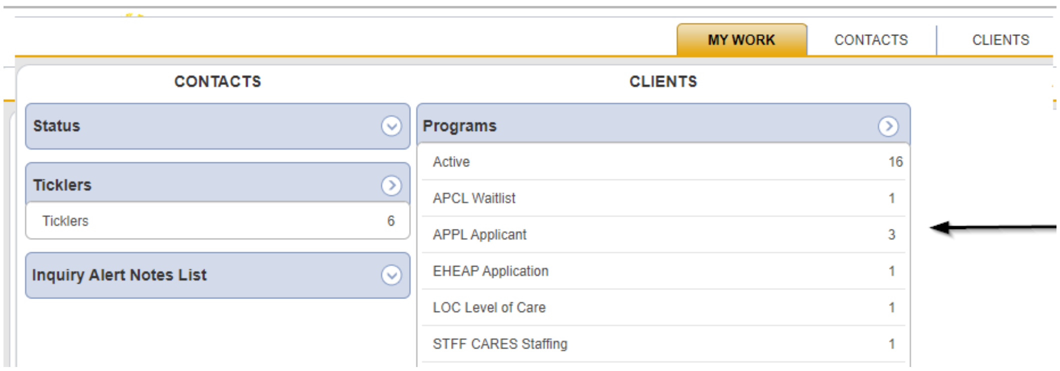
3. Each assigned case will need to be contacted to confirm the client's interest. Pre-research release tasks must also be completed. The PSA will determine which should come first but both must be completed before the MLTC record can go into APPL status and the CARES referral made. Proceed to the following sections:
   a. Contact Attempts
   b. Pre-release Research Tasks

To view cases referred to CARES awaiting LOC:

1. Navigate to **My Work**. Select the **Clients > Programs** queue.



2. Cases that have been referred to CARES and are awaiting LOC will be visible by selecting the **APPL Applicant**. Other cases in APPL Applicant status will also be visible in this queue.



Contact Attempts

Eligibility specialists will make up to 3 contact attempts to reach the client and confirm their interest before making the CARES referral. Each contact attempt will be documented on a separate Contact record in eCIRTS. For some PSAs this step happens before the Pre-Release Research tasks. For other PSAs, the Pre-Release Research tasks come first. Regardless of the order, the steps to complete in eCIRTS are the same and both must be completed before making the CARES referral.

It's best practice to view past contacts before reaching out to a client. Also be prepared to update the client's demographic information as needed. See the As Needed: View Contact Information section.

Role: **eCIRTS Worker**

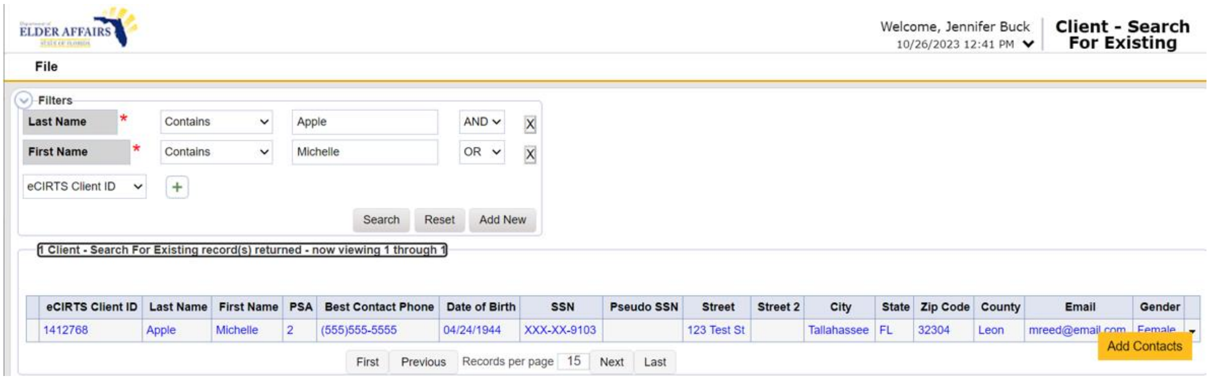
Add Contact Record

The contact record houses the details of a call/contact attempt. A contact record can be added directly from a shortcut on the client search or a shortcut on the client > Demographic page.

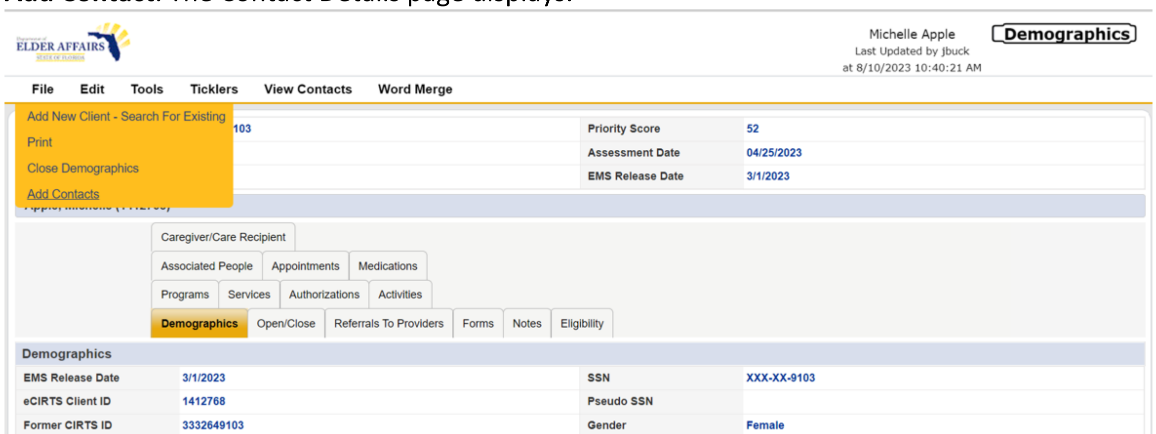
Role: **eCIRTS Worker**

1. The eligibility specialist will first search for the existing client record.

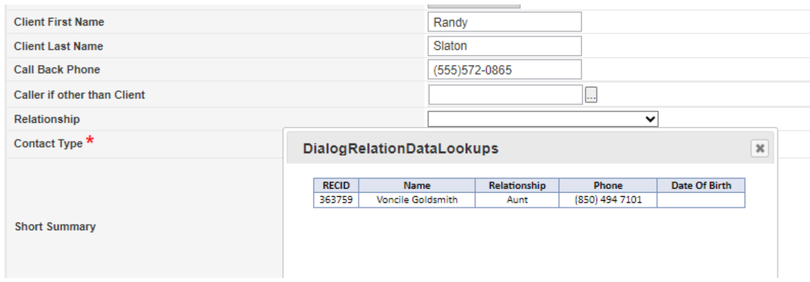
2. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.



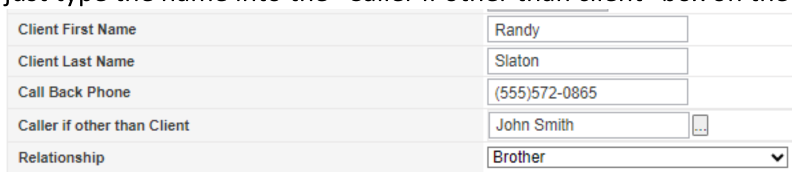
3. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



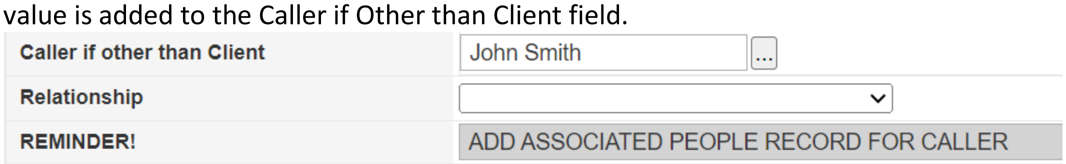
4. The Contact details page displays. Update the following fields:
   a. **Division**: Required. Defaults to AG as is read only.
   b. **Contact Date**: Required. defaults to today and is editable if needed.
   c. **Contact Time**: Required. defaults to now and is editable if needed.
   d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
   e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
   f. **Current Task**: Select Eligibility
   g. **Contact Method**: Required. defines how the contact was made.
   h. **Anonymous:** Leave blank
   i. **eCIRTS ID:** populates automatically and is read only.
   j. **Client First Name:** populates automatically.
   k. **Client Last Name:** populates automatically.
   l. **Call Back Phone:** populates automatically – update if needed.
   m. **Caller if other than Client:** search field. If the Caller already exists on the client's Associated People tab, their name will be listed, and the eligibility specialist can pick it from the list to populate the field.



If not, the eligibility specialist can close the search window by clicking the X at the top right and just type the name into the "Caller if other than client" box on the contact screen.



n. **REMINDER!:** ADD ASSOCIATED PEOPLE RECORD FOR CALLER. This message displays when a value is added to the Caller if Other than Client field.



o. **Relationship:** enter the relationship of the caller to the client
p. **Contact Type**: select SMMC LTCP – Eligibility
q. **Short Summary:** leave blank. Will be updated later in the workflow.
r. **Notes:** leave blank. Will be updated later in the workflow.
s. **Contact Marker**: leave blank.
t. **SNAP Submittal Date**: leave blank.
u. **Reason for Contact:** leave blank. Will be updated later in the workflow.
v. **Referral Type:** leave blank.
w. **701S Appointment Date:** leave blank.
x. **Unmet Needs Reason:** leave blank.
y. **Assigned To**: see next sections.
z. **Screener**: leave blank
aa. **Contact Status**: can remain Draft. Will be updated later in the workflow.
bb. **Duration**: will automatically populate after the record is saved.
cc. **Client Primary Language**: leave blank. This field is used when the screening referral from the Helpline is created.
dd. **Other Language**: leave blank. This field is used when the screening referral from the Helpline is created.
ee. **Follow Up Date:** leave blank.
ff. **Screening Referral Created Date:** leave blank.

5. From the **File** menu, select **Save Contact**.

6. Proceed to one of the following scenarios:
   a. Unsuccessful Contact 1
   b. Unsuccessful Contact 2
   c. Unsuccessful Contact 3
   d. Successful Contact – Client Not Interested
   e. Successful Contact – Client Hospitalized/NH
   f. Successful Contact – Client Confirms Interest

Unsuccessful Contact 1

An unsuccessful contact is when a contact attempt is made, and the worker does not speak with the caller/client. The worker will make up to 3 contact attempts, all documented in separate eCIRTS Contact records. This section includes steps to document the first unsuccessful contact attempt.

Role: **eCIRTS Worker**

1. With the contact details page open, update the following fields to complete this contact record:
    a. **Short Summary:** brief details about the unsuccessful attempt. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    c. **Contact Type**: remains SMMC LTCP - Eligibility
    d. **Reason for Contact:** Waitlist Release - Attempt 1
    e. **Contact Status**: update to Complete.
    f. **Assigned To**: search for and select your own name if not already selected.

2. From the **File** menu, select **Save and Close Contact**.

3. When a contact record is saved with Contact Type = SMMC LTCP – Eligibility and Contact Status = Complete and Reason for Contact = Waitlist Release - Attempt 1, eCIRTS will automatically create a second contact record to track the second contact attempt. The eligibility specialist will filter the Contacts queue to view and manage contact attempts that require follow up. Proceed to the Follow Up section.

Unsuccessful Contact 2

This section includes steps to document the second unsuccessful contact attempt.

Role: **eCIRTS Worker**

1. With the contact details page open, update the following fields to complete this contact record:
    a. **Short Summary:** brief details about the unsuccessful attempt. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    c. **Contact Type**: remains SMMC LTCP - Eligibility
    d. **Reason for Contact:** Waitlist Release - Attempt 2
    e. **Contact Status**: update to Complete.
    f. **Assigned To**: search for and select your own name if not already selected.

2. From the **File** menu, select **Save and Close Contact**.

3. When a contact record is saved with Contact Type = SMMC LTCP – Eligibility and Contact Status = Complete and Reason for Contact = Waitlist Release - Attempt 2, eCIRTS will automatically create a second contact record to track the second contact attempt. The eligibility specialist will filter the

Contacts queue to view and manage contact attempts that require follow up. Proceed to the Follow Up section.

Unsuccessful Contact 3

This section includes steps to document the third unsuccessful contact attempt and close the case.

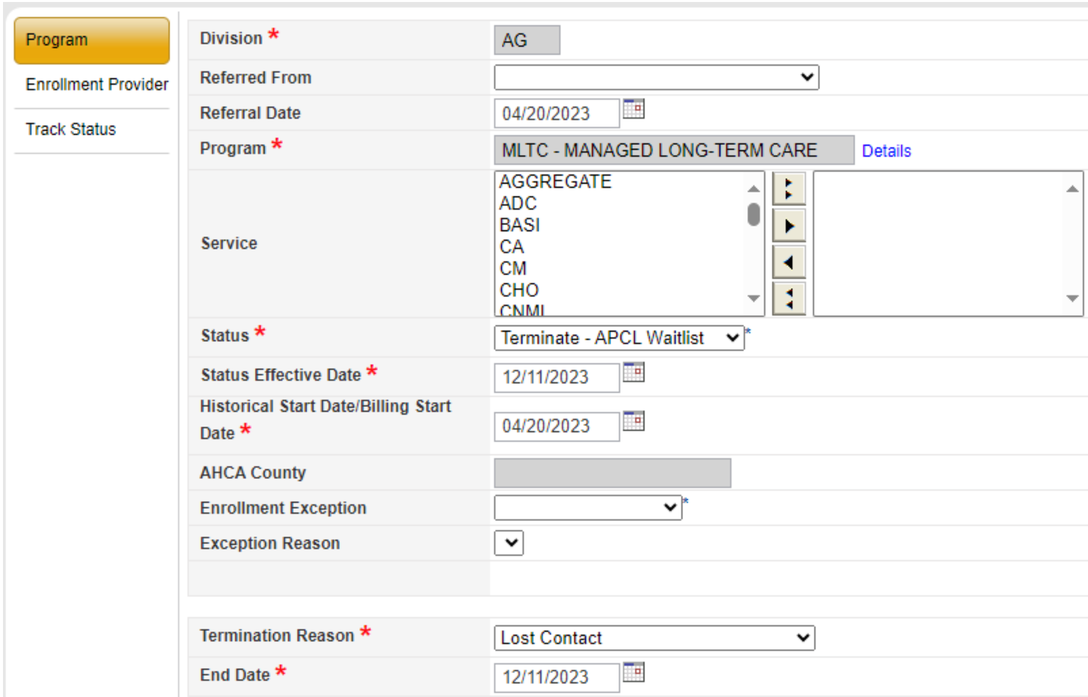
Role: **eCIRTS Worker**

1. With the contact details page open, update the following fields to complete this contact record:
   a. **Short Summary:** brief details about the unsuccessful attempt and closing of the MLTC enrollment. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
   b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
   c. **Contact Type**: remains SMMC LTCP - Eligibility
   d. **Reason for Contact:** Waitlist Release - Attempt 3
   e. **Contact Status**: update to Complete.
   f. **Assigned To**: search for and select your own name if not already selected.

2. From the **File** menu, select **Save and Close Contact**.

3. When a contact record is saved with Contact Type = SMMC LTCP – Eligibility and Contact Status = Complete and Reason for Contact = Waitlist Release – Attempt 3, eCIRTS will NOT automatically create an additional contact record.

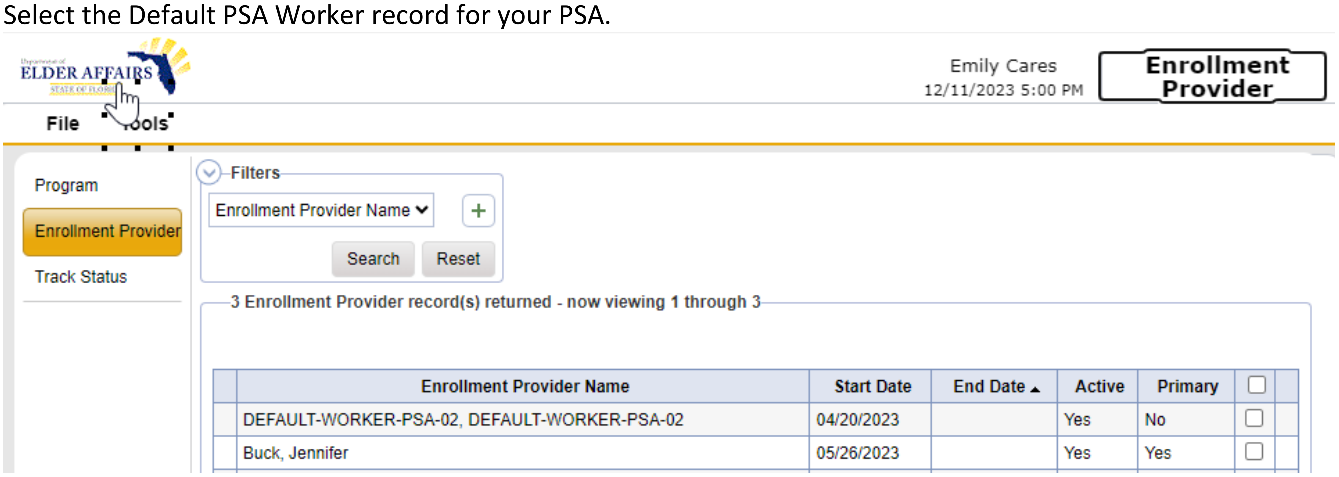
4. The eligibility specialist will also close the MLTC program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in APCL status. Update the following fields:
   a. **Status**: Terminate – APCL Waitlist
   b. **Termination Reason**: Lost Contact



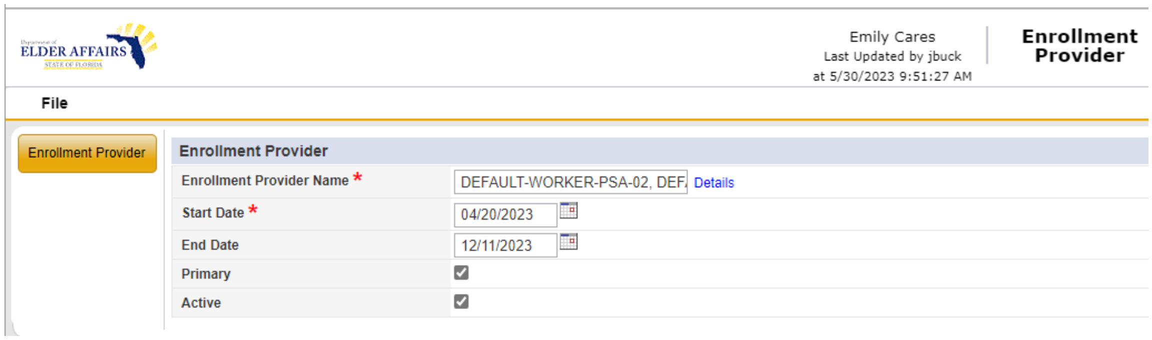
5. From the **File** menu, select **Save Programs**. Do NOT select Save and Close Programs.

6. Select the **Enrollment Provider subpage**. Changing the enrollment provider from yourself back to the generic Default PSA provider for your PSA will remove this client from your caseload and it will no longer be visible on your My Work page. For those PSAs who honor the Return to Pipeline – 6 month period, this step might not be completed right away as the eligibility specialist will remain assigned to the case for the 6 month waiting period in case the client re-engages.

7. When this does need to be completed, complete the following steps to change the Primary designation from yourself to the generic Default PSA worker for your PSA. From the **Enrollment Provider subpage**. Select the Default PSA Worker record for your PSA.



8. The Enrollment Provider details page displays. Update the following fields:
   a. **Primary**: check the box
   b. **End Date**: enter the date you are making the change.



9. From the **File** menu, select **Save and Close Enrollment Provider**.

10. If the client reaches out within 6 months of closing the MLTC record, proceed to the Return to Pipeline section.

Successful Contact – Client Not Interested

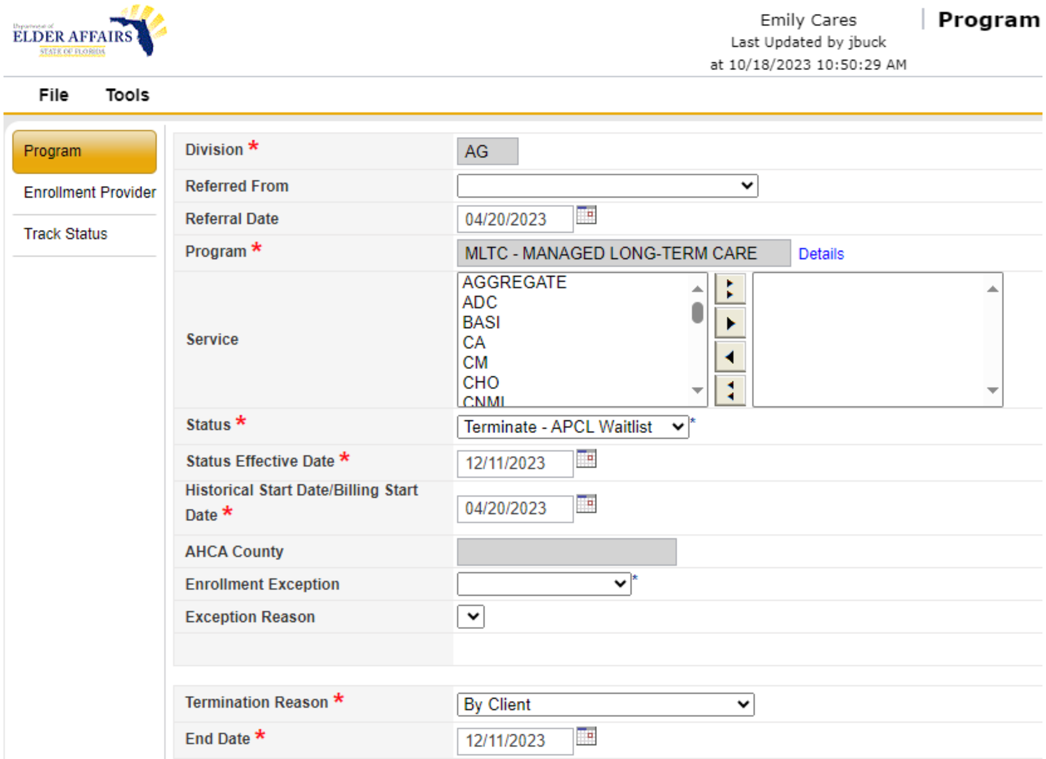
This workflow should be used when a contact attempt is made, and the client is reached but has decided NOT to pursue services.

Role: eCIRTS Worker

1. With the contact details page open, update the following fields to complete this contact record:
   a. **Short Summary:** Note the client was not interested. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
   b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
   c. **Contact Type**: remains SMMC LTCP – Eligibility
   d. **Reason for Contact:** Waitlist Release
   e. **Contact Status**: update to Complete.
   f. **Assigned To**: defaults to self. Can remove value or leave as is.

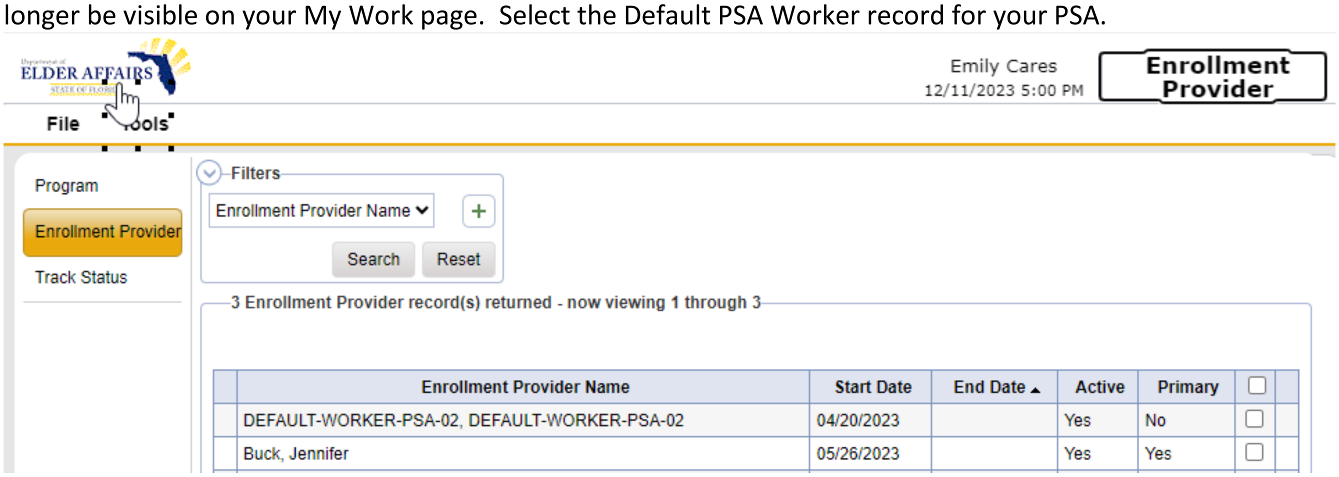
2. From the **File** menu, select **Save and Close Contact**.

3. The eligibility specialist will also close the MLTC program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in APCL status. Update the following fields:
   a. **Status**: Terminate – APCL Waitlist
   b. **Termination Reason**: By Client

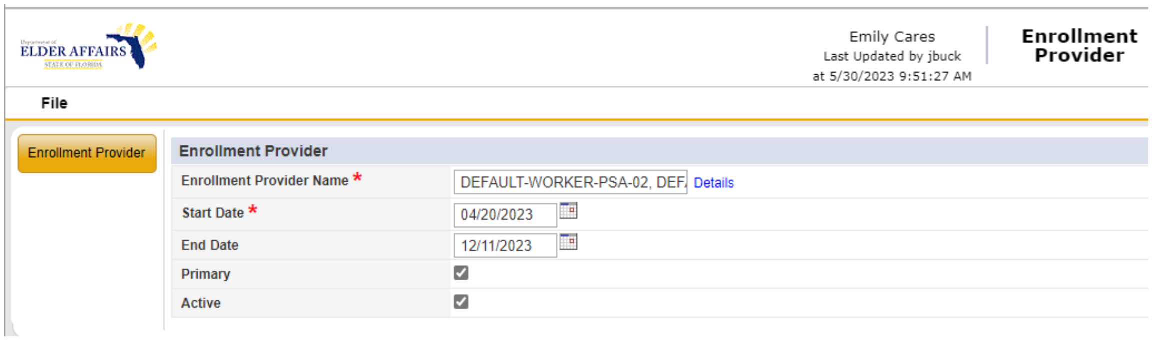


4. From the **File** menu, select **Save Programs**. Do NOT select Save and Close Programs.

5. Select the **Enrollment Provider subpage**. Changing the enrollment provider from yourself back to the generic Default PSA provider for your PSA will remove this client from your caseload and it will no longer be visible on your My Work page. Select the Default PSA Worker record for your PSA.



6. The Enrollment Provider details page displays. Update the following fields:
   a. **Primary**: check the box
   b. **End Date**: enter the date you are making the change.



7. From the **File** menu, select **Save and Close Enrollment Provider**

Successful Contact – Client Hospitalized/Nursing Home

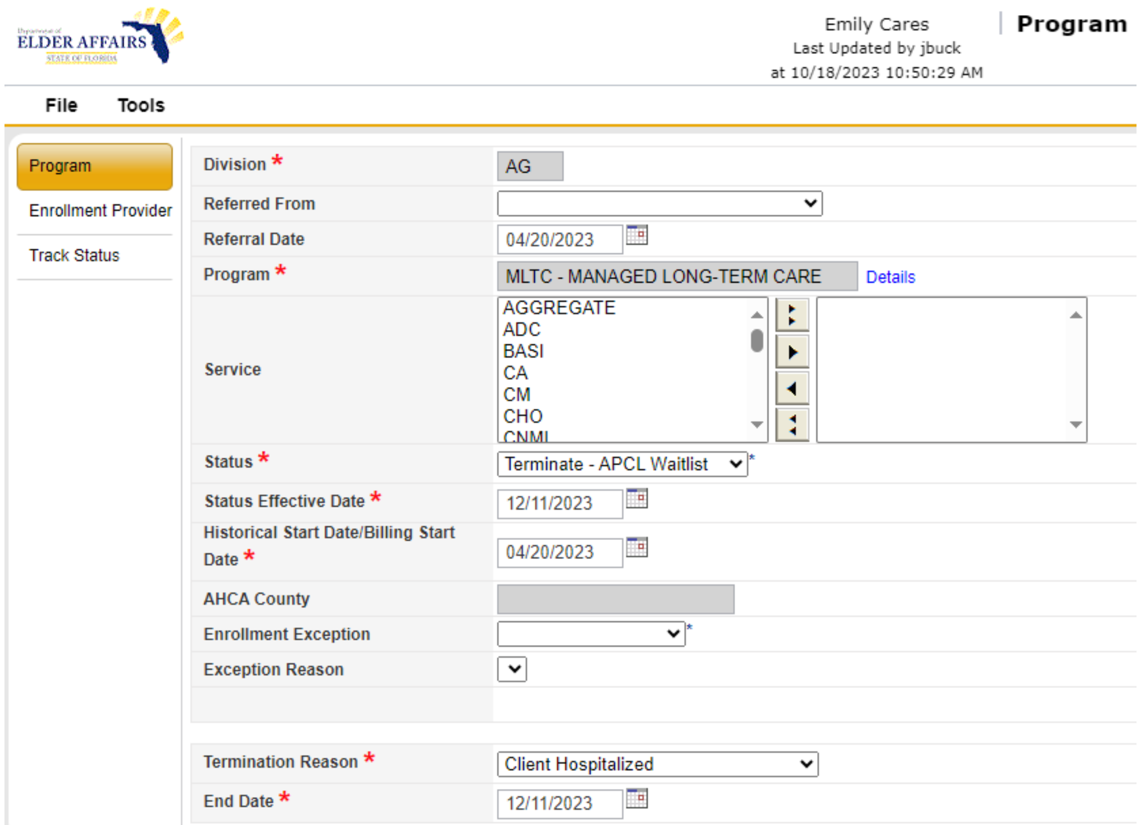
This workflow should be used when the client has been hospitalized or placed in a nursing home and wants to continue the eligibility process.

Role: eCIRTS Worker

1. With the contact details page open, update the following fields to complete this contact record:
   a. **Short Summary:** Note the client was hospitalized or placed in a nursing home. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
   b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
   c. **Contact Type**: remains SMMC LTCP – Eligibility
   d. **Reason for Contact:** Waitlist Release
   e. **Contact Status**: update to Complete.
   f. **Assigned To**: defaults to self. Can remove value or leave as is.

2. From the **File** menu, select **Save and Close Contact**.

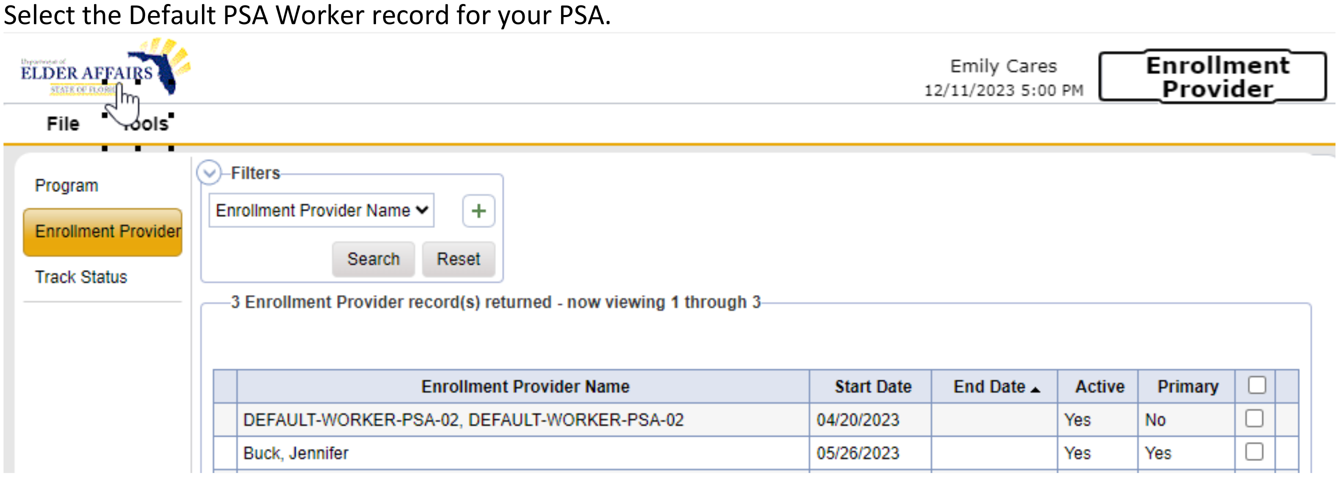
3. The eligibility specialist will also close the MLTC program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in APCL status. Update the following fields:
   a. **Status**: Terminate – APCL Waitlist
   b. **Termination Reason**: Client Hospitalized or Placed in Nursing Home



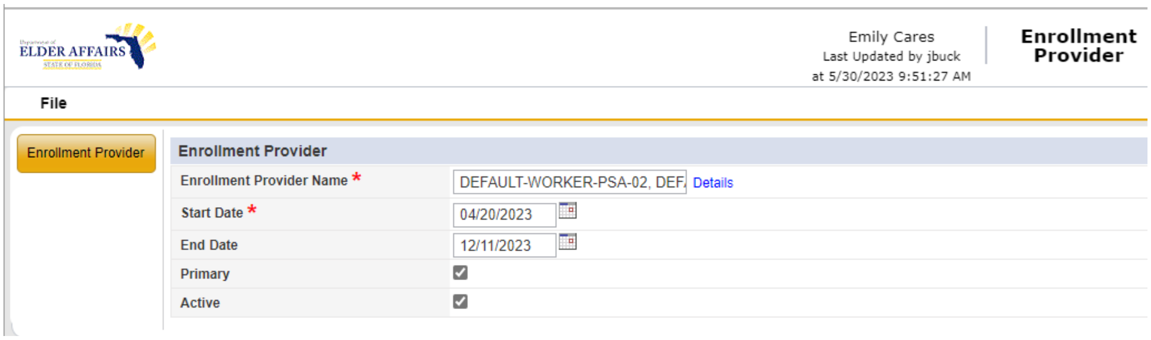
4. From the **File** menu, select **Save Programs**. Do NOT select Save and Close Programs.

5. Select the **Enrollment Provider subpage**. Changing the enrollment provider from yourself back to the generic Default PSA provider for your PSA will remove this client from your caseload and it will no longer be visible on your My Work page. For those PSAs who honor the Return to Pipeline – 6-month period, this step might not be completed right away.

6. When this does need to be completed, complete the following steps to change the Primary designation from yourself to the generic Default PSA worker for your PSA. From the **Enrollment Provider subpage**. Select the Default PSA Worker record for your PSA.



7. The Enrollment Provider details page displays. Update the following fields:
   a. **Primary**: check the box
   b. **End Date**: enter the date you are making the change.



8. From the **File** menu, select **Save and Close Enrollment Provider**.

9. If the client reaches out within 6 months of closing the MLTC record, proceed to the Return to Pipeline section.

Successful Contact – Client Confirms Interest

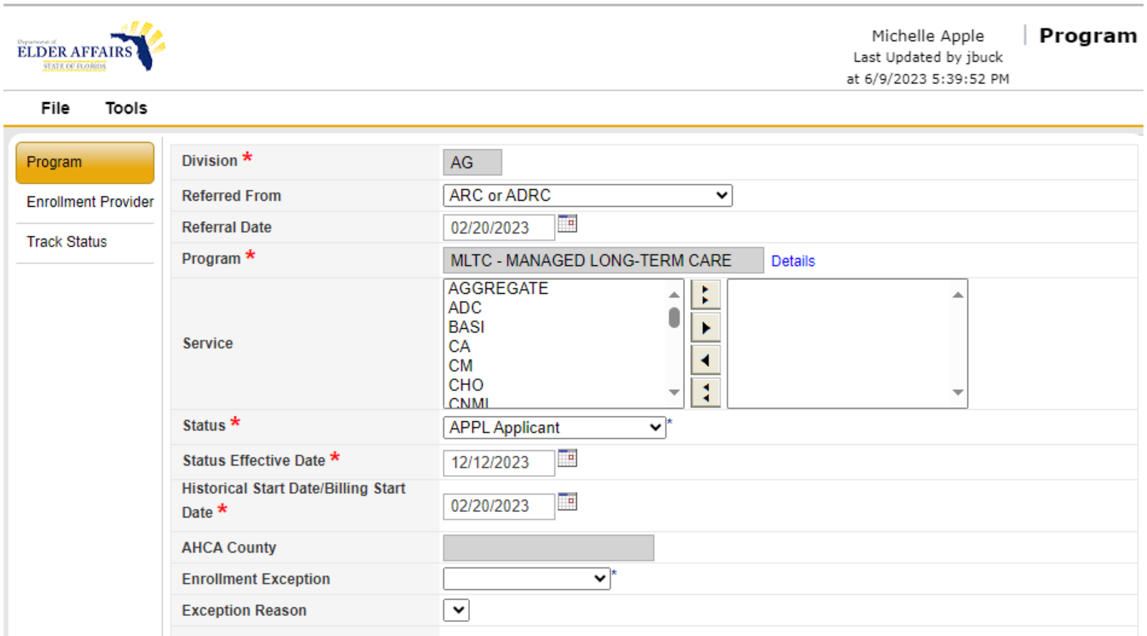
This section includes steps to document a successful contact and update the MLTC program record when the client confirms interest.

Role: **eCIRTS Worker**

1. With the contact details page open, update the following fields to complete this contact record:
   a. **Short Summary:** Note the client confirmed interest. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
   b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
   c. **Contact Type**: remains SMMC LTCP – Eligibility
   d. **Reason for Contact:** select Waitlist Release if this is the first contact attempt. Select Medicaid Eligibility if this is the second or third contact attempt.
   e. **Contact Status**: update to Complete.
   f. **Assigned To**: defaults to self. Can remove value or leave as is.

2. From the **File** menu, select **Save and Close Contact**.

3. The eligibility specialist will also update the MLTC program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in APCL Waitlist status. Update the following fields:
   a. **Status**: APPL Applicant



4. From the **File** menu, select **Save and Close Programs**.

5. You do NOT need to update the worker on the **Enrollment Provider subpage**. You want this client to remain visible on your My Work page so you can manage your caseload throughout the staffing process and level of care determination. The MLTC interface will change the enrollment provider from yourself to the MCO when the client is Medicaid active.

6. Proceed to the [Medicaid Waiver Timeline Form](#) section.

As Needed: View Contact Information

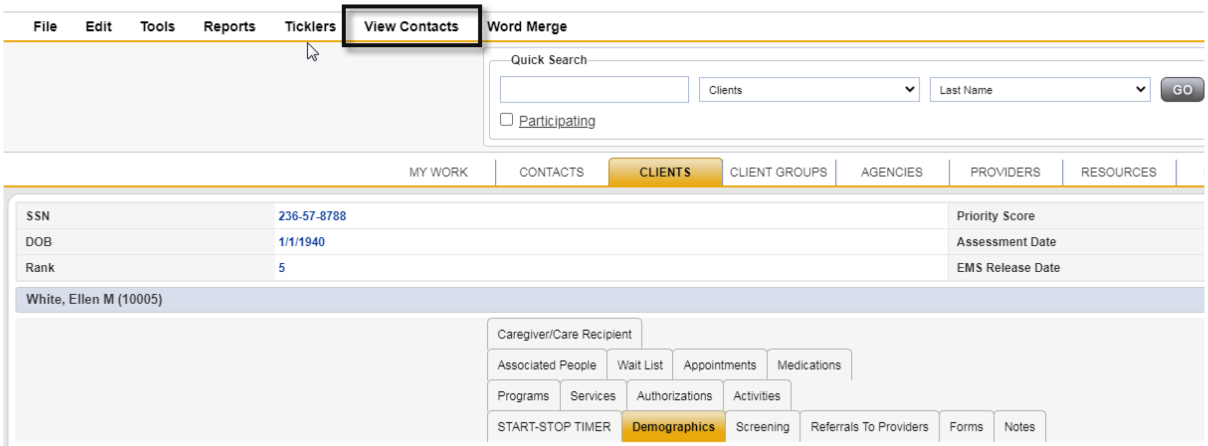
In eCIRTS, all callers, except anonymous ones, will have a client record. Contact records will then be added to the client record. This workflow allows eligibility specialists to view past contact information in several ways in eCIRTS.

1. The View Contacts list is an easily accessible list of the client's past contacts because knowing the details of previous contacts may assist with the current contact.
2. The Contacts Queue is a full list of all contacts that can be filtered down so eligibility specialists can manage their workloads and supervisors can oversee work.
3. In addition to the queue, there is also a report that displays all past contacts for a client. The report can be run from any open contact record and will automatically display information on all past contacts for the client record you are on, without having to add any report filters.

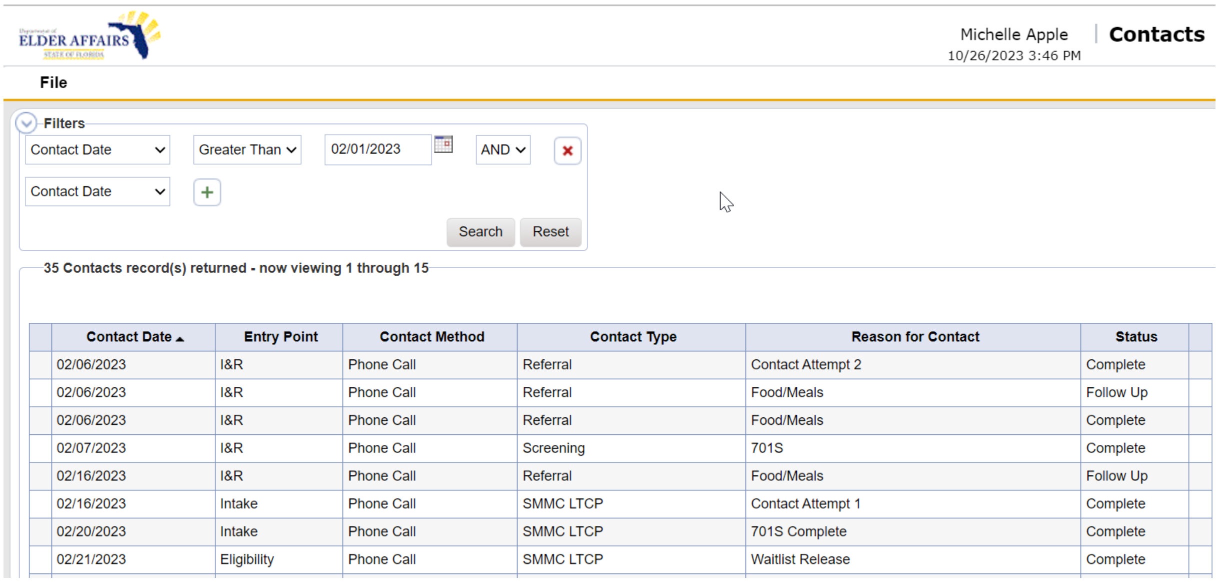
Workers also need to be prepared to review and update the client's demographic information as needed.

Role: eCIRTS Worker

1. There are several ways to view previous contacts for a client. From the **Clients** chapter, from any tab on the client's record, select **View Contacts** from the top menu bar.



2. A limited summary view of the client's past contacts displays. This list does NOT display the Short Summary field from the contact record.

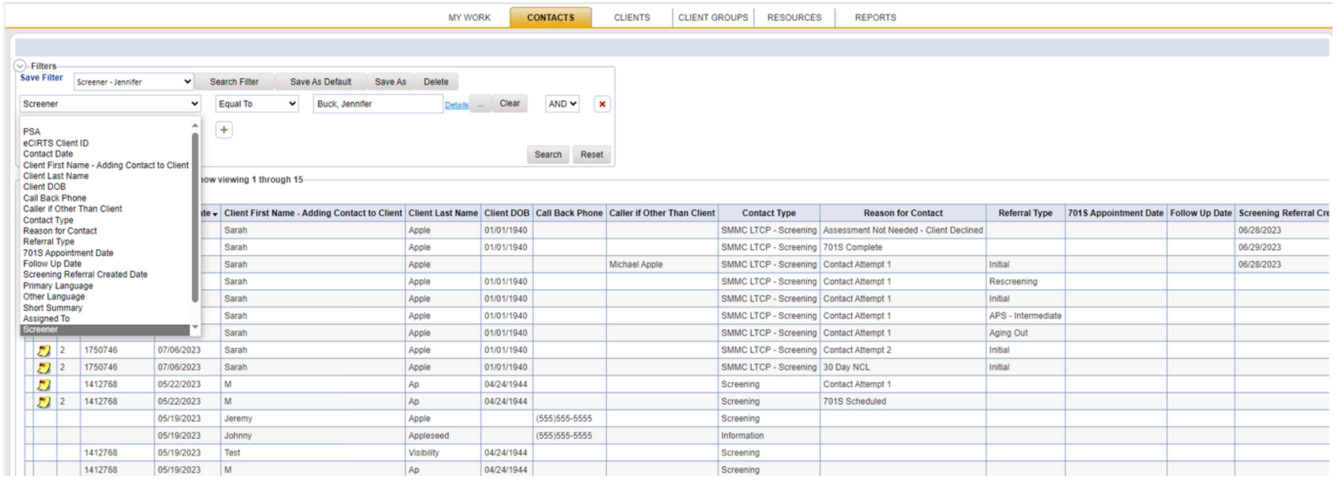


Contact Date	Entry Point	Contact Method	Contact Type	Reason for Contact	Status
02/06/2023	I&R	Phone Call	Referral	Contact Attempt 2	Complete
02/06/2023	I&R	Phone Call	Referral	Food/Meals	Follow Up
02/06/2023	I&R	Phone Call	Referral	Food/Meals	Complete
02/07/2023	I&R	Phone Call	Screening	701S	Complete
02/16/2023	I&R	Phone Call	Referral	Food/Meals	Follow Up
02/16/2023	Intake	Phone Call	SMMC LTCP	Contact Attempt 1	Complete
02/20/2023	Intake	Phone Call	SMMC LTCP	701S Complete	Complete
02/21/2023	Eligibility	Phone Call	SMMC LTCP	Waitlist Release	Complete

3. Select a record for more information. The Contact record will open. If it is in complete status, all of the fields will be read only, but the information is still visible.

4. When finished, the eligibility specialist can close the Contact record and close the View Contacts window.

5. A more detailed list of previous contact information is available by selecting the **Contacts** chatper. A full list of previous contacts for all clients is available but too long to look through. The filters are essential to making this list managable and useful. Search by **eCIRTS Client ID** to display only the previous contacts for one client.



TIP

Saved filters are key. Be sure to take the time to create several saved filters specific to your day-to-day workload.

6. Finally, if you have a contact record open, select **Previous Contact Report** from the **Reports** menu.

7. The report displays all previous contact information for the client record you have opened.

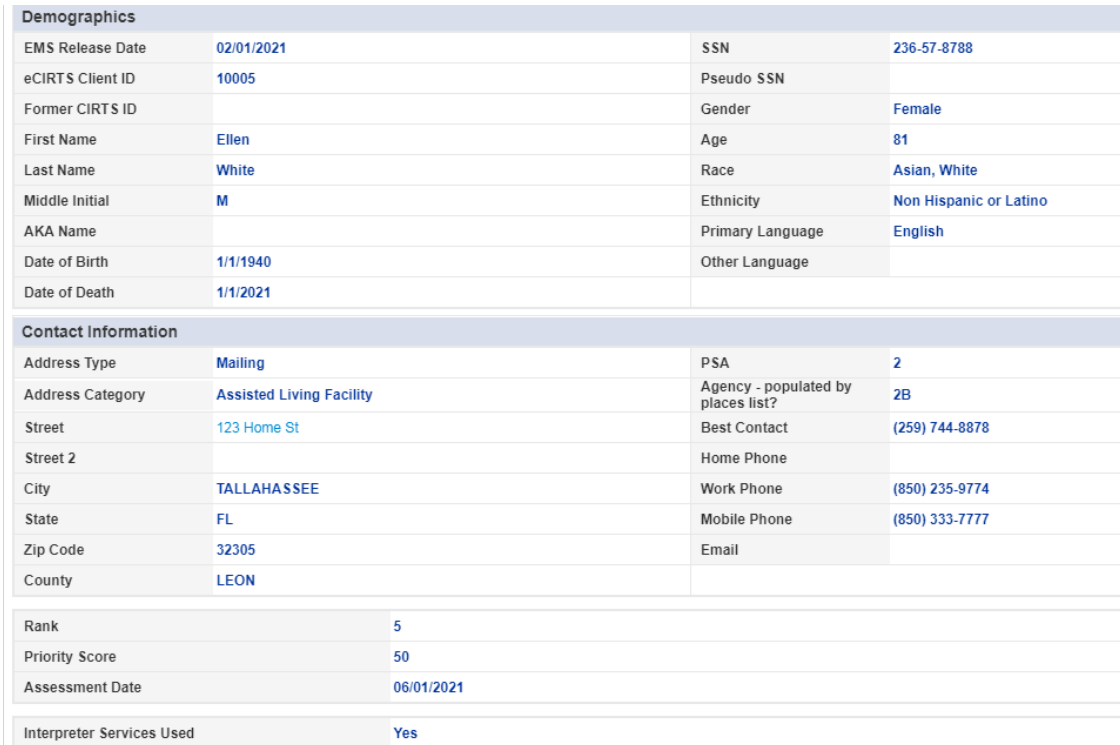
8. With the contact record still open, the worker should confirm the client’s Demographics and update as needed. Since this workflow started on the client record, the worker can easily view the client’s demographic information on the **Client** subpage.

9. Click on the record to view additional demographic data. You can see the data; you cannot edit it from this page. To open the client record where the Demographics can be updated, from the **Tools** menu, select "View Client." See the As Needed: Update Demographics section for details on editing this page. Once complete, return to the open Contact record.

As Needed: Update Demographics

You can edit Demographics from this same page. For existing clients, the Demographics summary page shows first and displays the most frequently referenced Demographic fields. There are more Demographics data elements to view but the user must select **Edit Demographics** from the **File** menu to view/edit them.

Role: **eCIRTS Worker**

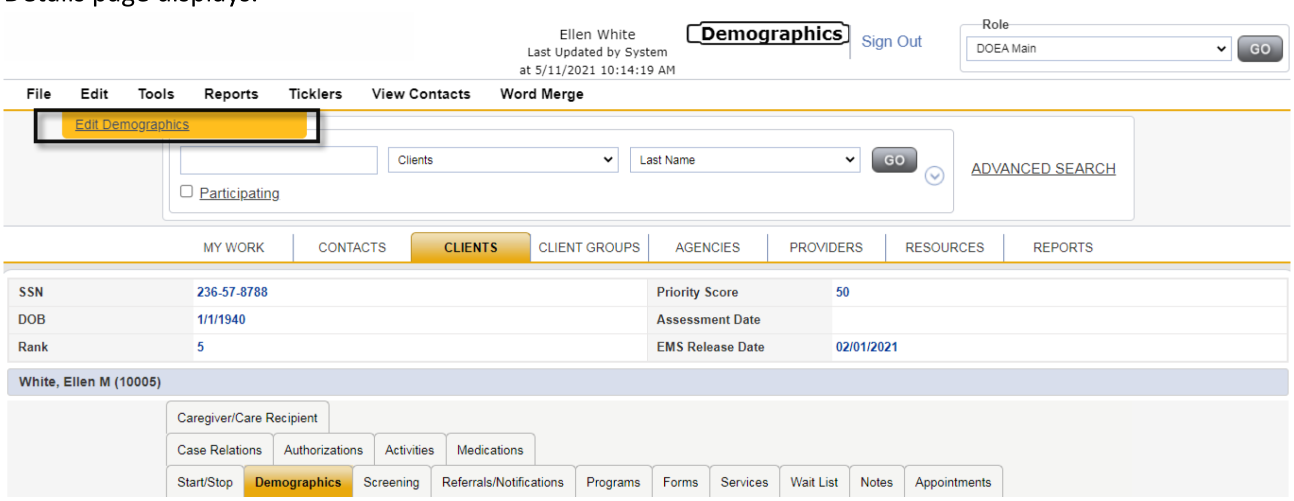


Demographics			
EMS Release Date	02/01/2021	SSN	236-57-8788
eCIRTS Client ID	10005	Pseudo SSN	
Former CIRTS ID		Gender	Female
First Name	Ellen	Age	81
Last Name	White	Race	Asian, White
Middle Initial	M	Ethnicity	Non Hispanic or Latino
AKA Name		Primary Language	English
Date of Birth	1/1/1940	Other Language	
Date of Death	1/1/2021		

Contact Information			
Address Type	Mailing	PSA	2
Address Category	Assisted Living Facility	Agency - populated by places list?	2B
Street	123 Home St	Best Contact	(259) 744-8878
Street 2		Home Phone	
City	TALLAHASSEE	Work Phone	(850) 235-9774
State	FL	Mobile Phone	(850) 333-7777
Zip Code	32305	Email	
County	LEON		

Rank	5
Priority Score	50
Assessment Date	06/01/2021
Interpreter Services Used	Yes

1. To edit or add demographic information or see additional Demographic information not displayed on the Demographic Summary page, select **Edit Demographics** from the **Edit** menu. The Demographic Details page displays.



2. The Demographic Details page has several sections. The eCIRTS user may need to revisit this page several times to collect all the data from the client. The only required fields that must be completed before the Demographics page can be saved are First Name, Last Name, Date of Birth, Gender, Race, Ethnicity, County and PSA.

Basic Demographics:

a. **EMS Release Date**: AHCA provides the EMS Release Date for a set number of clients.
b. **Former CIRTS ID**: the ID number for the client in the legacy CIRTS system
c. **First Name*:** client's first name
d. **Last Name***: client's last name
e. **Middle Initial:** client's middle initial

f. **AKA Name**: alias name for the client if applicable
g. **Title**: the client's title
h. **Date of Birth*:** client's birthday
i. **DOB Unknown:** use this field when the DOB is not known, and the DOB field will be hidden and no longer required.
j. **Age:** client's age
k. **Date of Death:** client's date of death, if applicable
l. **SSN:** client's social security number. The SSN in this field will populate in other places of the application like 701S and 701B assessments.

NOTE

In March 2022, DOEA approved the change to mask SSN in eCIRTS to comply with requirements.

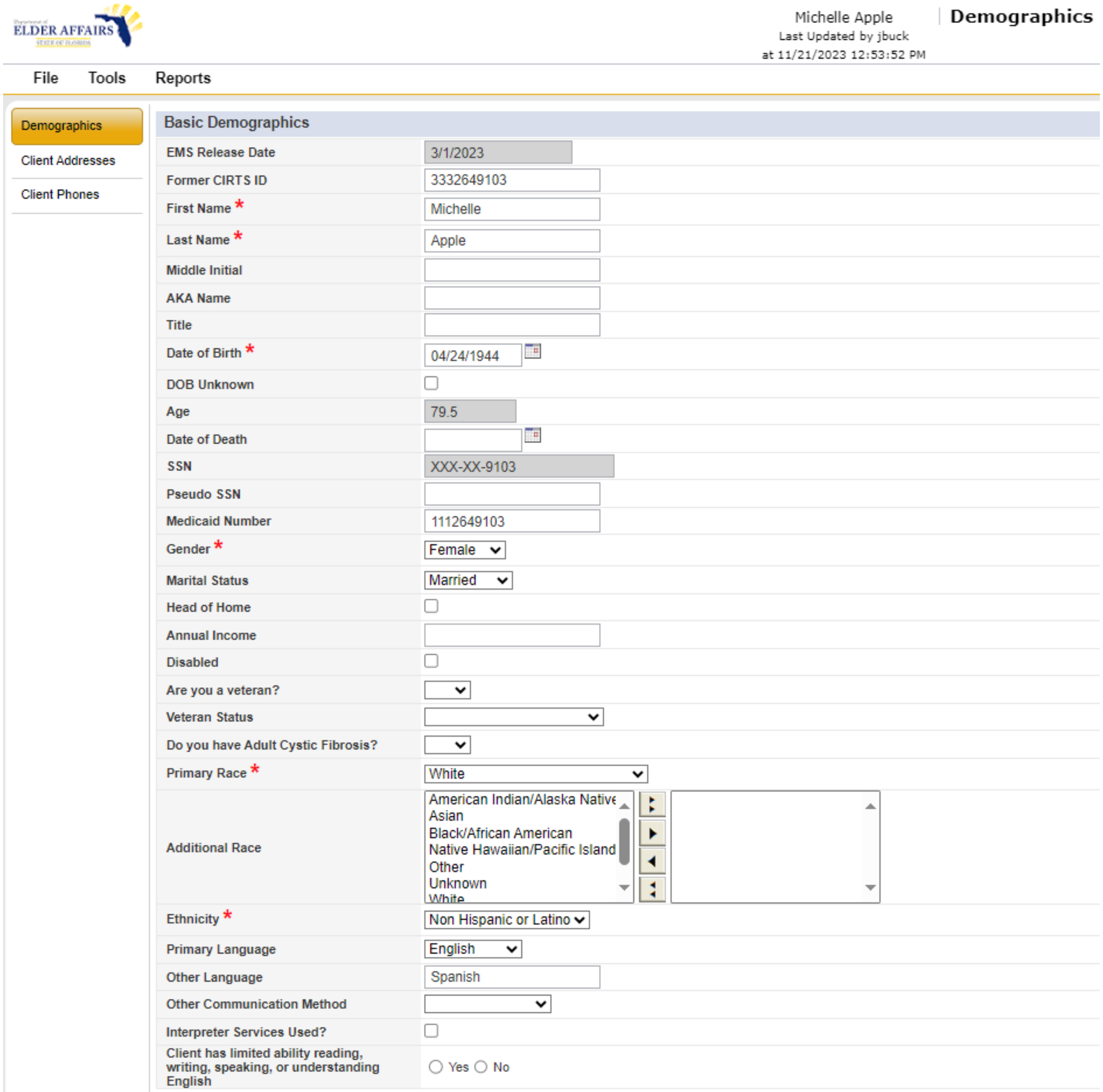
Only users with the eCIRTS SSN Manager role can see a full SSN. All other users can only see the last 4 digits.

Users can still search by full SSN in the Quick Search or use the Advanced Search to search by the last 4 digits.

NOTE

Several roles can add SSN but only the eCIRTS SSN Manager role can unmask and edit the SSN. Only certain users will be given the eCIRTS SSN Manager role. The SSN can also be added/updated from the 701 Assessments. The SSN saved on assessments will also update the SSN on the Demographics page.

m. **Pseudo SSN:** Pseudo SSN for the client when a real SSN is not known. The Pseudo SSN does not populate on the 701B assessment.
n. **Medicaid Number:** Medicaid number of the client if applicable
o. **Gender*:** client's gender
p. **Marital Status**: the marital status of the client
q. **Head of Home**: Check if Yes. Leave blank if No.
r. **Disabled**: NAPIS/OAAPS required field that pulls from the Assessment
s. **Are you a veteran?:** Yes or No
t. **Veteran Status**: If Are you a Veteran is equal to Yes, then answer this question.
u. **Do you have Adult Cystic Fibrosis?:** Yes or No
v. **Primary Race*:** client's race.
w. **Additional Race:** Multi select field to record additional race.
x. **Ethnicity***: client's ethnicity
y. **Primary Language:** The primary language of the client
z. **Other Language:** Use this field to record other languages for the client.
aa. **Other Communication Method**: Other communication method used by the client.
bb. **Interpreter Service Used?:** Check this box if services were used. This will be tracked for invoicing purposes.
cc. **Client has limited ability reading, writing, speaking or understanding English**: Yes or No



ELDER AFFAIRS

Michelle Apple
Last Updated by jbuck
at 11/21/2023 12:53:52 PM

Demographics

File Tools Reports

Demographics
Client Addresses
Client Phones

Basic Demographics

EMS Release Date	3/1/2023
Former CIRTS ID	3332649103
First Name *	Michelle
Last Name *	Apple
Middle Initial	
AKA Name	
Title	
Date of Birth *	04/24/1944
DOB Unknown	
Age	79.5
Date of Death	
SSN	XXX-XX-9103
Pseudo SSN	
Medicaid Number	1112649103
Gender *	Female
Marital Status	Married
Head of Home	
Annual Income	
Disabled	
Are you a veteran?	
Veteran Status	
Do you have Adult Cystic Fibrosis?	
Primary Race *	White
Additional Race	American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Island, Other, Unknown, White
Ethnicity *	Non Hispanic or Latino
Primary Language	English
Other Language	Spanish
Other Communication Method	
Interpreter Services Used?	
Client has limited ability reading, writing, speaking, or understanding English	Yes No

Contact Information:

a. **Homeless?:** Yes or No
b. **Address Type:** Defaults to Physical. The physical address should the primary address. Home and Mailing address can be added under the Client Address subpage.
c. **Address Category:** When Address Type is Physical, this field is visible and required.
d. **Facility Name:** Enter the facility name when applicable.
e. **Street:** Enter the street address
f. **Street 2:** Enter the street address.
g. **City:** Enter the city
h. **State:** The places list presents a list of values based on the city selected.
i. **Zip Code:** The places list presents a list of values based on the city, state selected.
j. **County*:** The places list presents a list of values based on the city, state, zip selected.

Note
Several reports use the client's county to display results so be sure to enter this field.

k. **PSA*:** The places list presents a list of values based on the city, state, zip, county selected.

Note
Several reports use the client's PSA to display results so be sure to enter this field.

l. **Agency:** This field is populated by the places list with the Agency name.

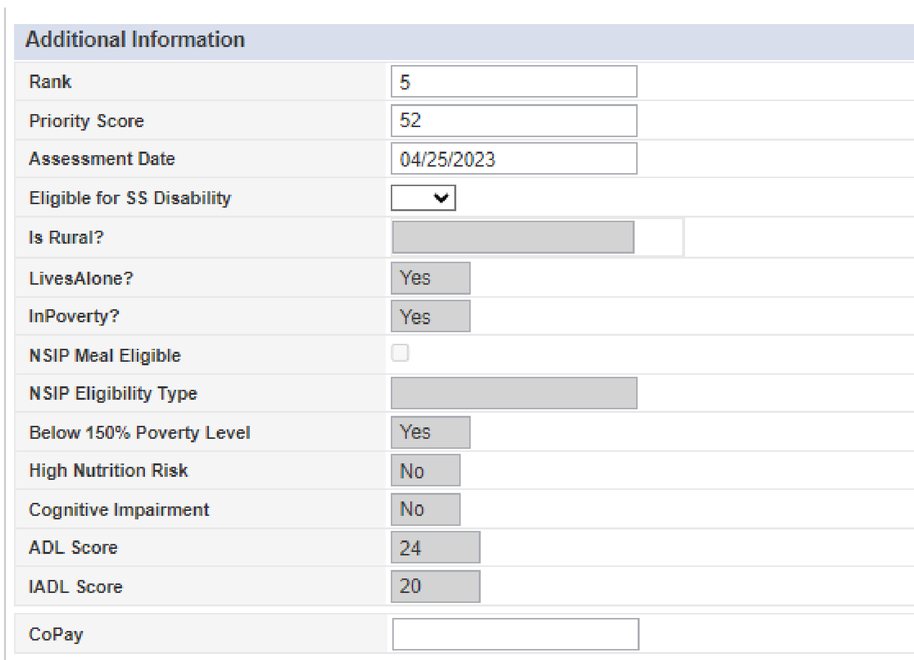
Note
Several reports and behind the scenes automations use the full Agency Name in this field. Be sure to enter this field.

m. **Best Contact:** The best number to reach the Client. This could be the Home, Work or Mobile phone number.
n. **Phone Note:** description of the Best Contact number (i.e. sister, caregiver)
o. **Home Phone:** The home phone number of the Client.
p. **Work Phone:** The work phone number of the Client.
q. **Work Extension:** The work phone number extension of the Client.
r. **Mobile Phone:** The mobile or cell phone number of the Client.
s. **Email:** The email address of the Client.
t. **Address Note:** This field is used for notes about the address. It was added so users would record real USPS address information in the street fields instead of notes.

Contact Information		
Homeless?		
Address Type	Physical	
Address Category *	Private Residence	
Facility Name		
Street	123 Test St	
Street 2		
City	Tallahassee	Clear
State	FL	Clear
Zip Code	32304	Clear
County *	Leon	Clear
Client PSA *	2	Clear
Agency Name		Clear
Best Contact	(555)264-9103	
Phone Note	this is the sister's phone number	
Home Phone	x(xxx)xxx-xxxx	
Work Phone	(777)264-9103	
Work Extension		
Mobile Phone	(888)264-9103	
Email	mreed@email.com	
Address Note		

Additional Information:

a. **Rank**: The Priority rank from the most recent assessment and is updated every time a 701S, 701A or 701B is saved. It is read only.
b. **Priority Score**: The Priority score from the most recent assessment is updated every time a 701S, 701A or 701B is saved. It is read only.
c. **Assessment Date**: The date of the most recent assessment is updated every time a 701S, 701A or 701B is saved. It is read only.
d. **Eligible for SS Disability**: Answer Yes or No.
e. **Is Rural?:** OAAPS required field that is populated automatically based on the zip code in the Places List.
f. **Lives Alone?:** OAAPS required field that pulls from the Assessment.
g. **In Poverty?:** OAAPS required field that pulls from the Assessment.
h. **NSIP Meal Eligible**: OAAPS required field that pulls from the Assessment.
i. **NSIP Eligibility Type**: OAAPS required field that pulls from the Assessment.
j. **Below 150% Poverty Level:** OAAPS required field that pulls from the Assessment.
k. **High Nutrition Risk**: OAAPS required field that pulls from the Assessment.
l. **Cognitive Impairment**: OAAPS required field that pulls from the Assessment.
m. **ADL Score**: OAAPS required field that pulls from the Assessment.
n. **IADL Score**: OAAPS required field that pulls from the Assessment.
o. **CoPay:** Populate this field for client's who have a copay

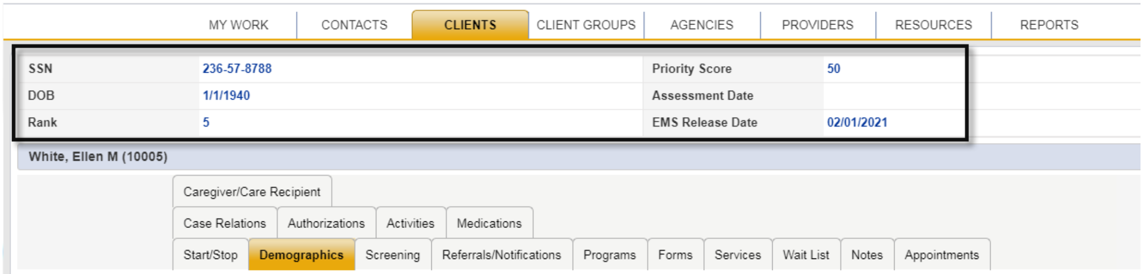


Additional Information	
Rank	5
Priority Score	52
Assessment Date	04/25/2023
Eligible for SS Disability	
Is Rural?	
LivesAlone?	Yes
InPoverty?	Yes
NSIP Meal Eligible	
NSIP Eligibility Type	
Below 150% Poverty Level	Yes
High Nutrition Risk	No
Cognitive Impairment	No
ADL Score	24
IADL Score	20
CoPay	

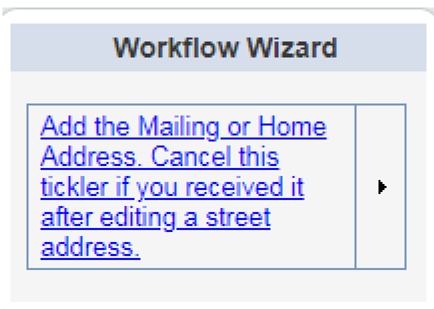
3. When finished, from the **File** menu, select **Save and Close Demographics.**

Note

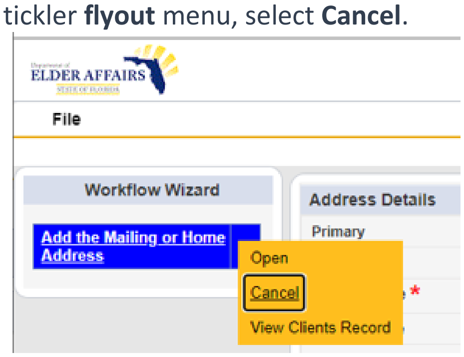
SSN, DOB, Rank, Priority Score, Assessment Date and EMS Release Date from the Demographics page are also visible in the header that remains visible on any tab of the Client record. As data for these fields changes on Demographics, it will also change in the header.



4. A workflow wizard triggers a tickler when street is added or edited on the Demographics page. The tickler is to add a second address, either Mailing or Home. The tickler lands the user on the Client Address details page. Proceed to step 6 of the Client Address section.



5. If you are editing the address and already have a second address, the tickler can be cancelled. From the tickler **flyout** menu, select **Cancel**.



Client Address

The Demographics page houses many data elements including one primary address. If a client has multiple addresses, they are recorded on the Client Address subpage. Only the primary address is visible on the Demographics page.

Role: **eCIRTS Worker**

1. Navigate to the client's record and select the **Demographics** tab.

2. From the File menu, select **Edit Demographics**.

3. The Demographics detail page displays. The Client Addresses and Client Phone subpages are listed on the left.

4. Select the **Client Address subpage**. The address visible on the demographics detail page, the primary active address, will also be visible on this subpage.

5. To add an additional address, from the **File** menu, select **Add Client Address**.

6. The Address Details page displays. Update the following fields:
   a. **Address Type:** Defaults to Physical. The physical address should the primary address. Home and Mailing address can be added under the Client Address subpage.
   b. **Address Category:** When Address Type is Physical, this field is visible and required.
   c. **Facility Name:** Enter the facility name when applicable.
   d. **Street:** Enter the street address
   e. **Street 2:** Enter the street address.
   f. **City:** Enter the city
   g. **State:** The places list presents a list of values based on the city selected.
   h. **Zip Code:** The places list presents a list of values based on the city, state selected.
   i. **County*:** The places list presents a list of values based on the city, state, zip selected.

      Note

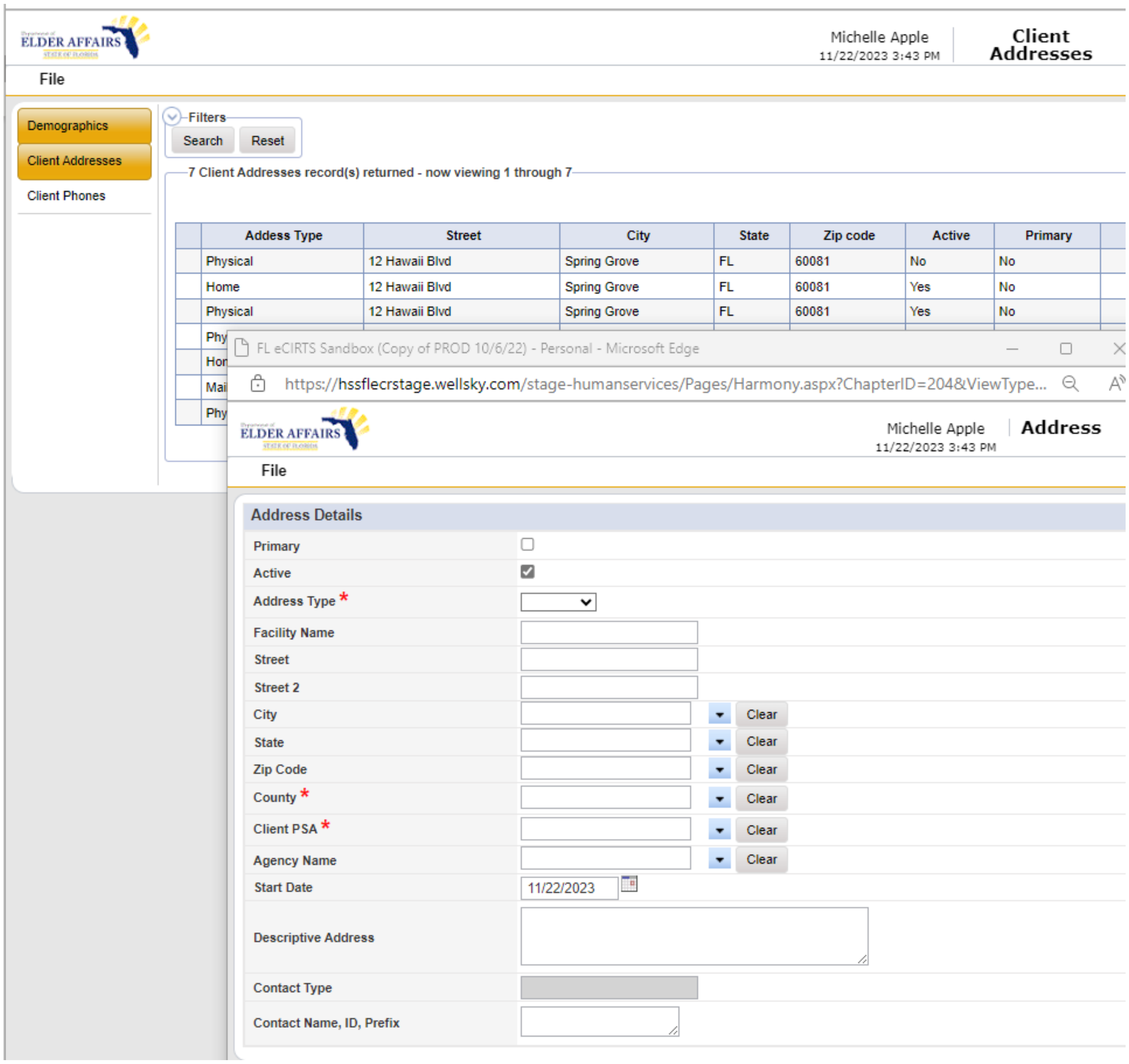
      Several reports use the client's County to display results so be sure to enter this field.

   j. **PSA*:** The places list presents a list of values based on the city, state, zip, county selected.

      Note

      Several reports use the client's PSA to display results so be sure to enter this field.

   k. **Agency:** This field is populated by the places list with the Agency name.



7. From the **File** menu, select **Save and Close Address**.

Client Phone

The Demographics page houses many data elements including phone numbers. Phone numbers can also be added on Client Phones subpage. The phone numbers visible on the demographics detail page are also visible on this subpage.

Note

Because best contact, home and work phone numbers are captured on the Demographics page, it is not likely you will use this page to add phone numbers, but it is available.

Best Contact	(555)264-9103
Phone Note	this is the sister's phone number
Home Phone	x(xxx)xxx-xxxx
Work Phone	(777)264-9103
Work Extension	
Mobile Phone	(888)264-9103

If you want to track the effective dates of a phone number you would want to add them from the Client Phones subpage instead of Demographics.

Role: **eCIRTS Worker**

1. Navigate to the client's record and select the **Demographics** tab.

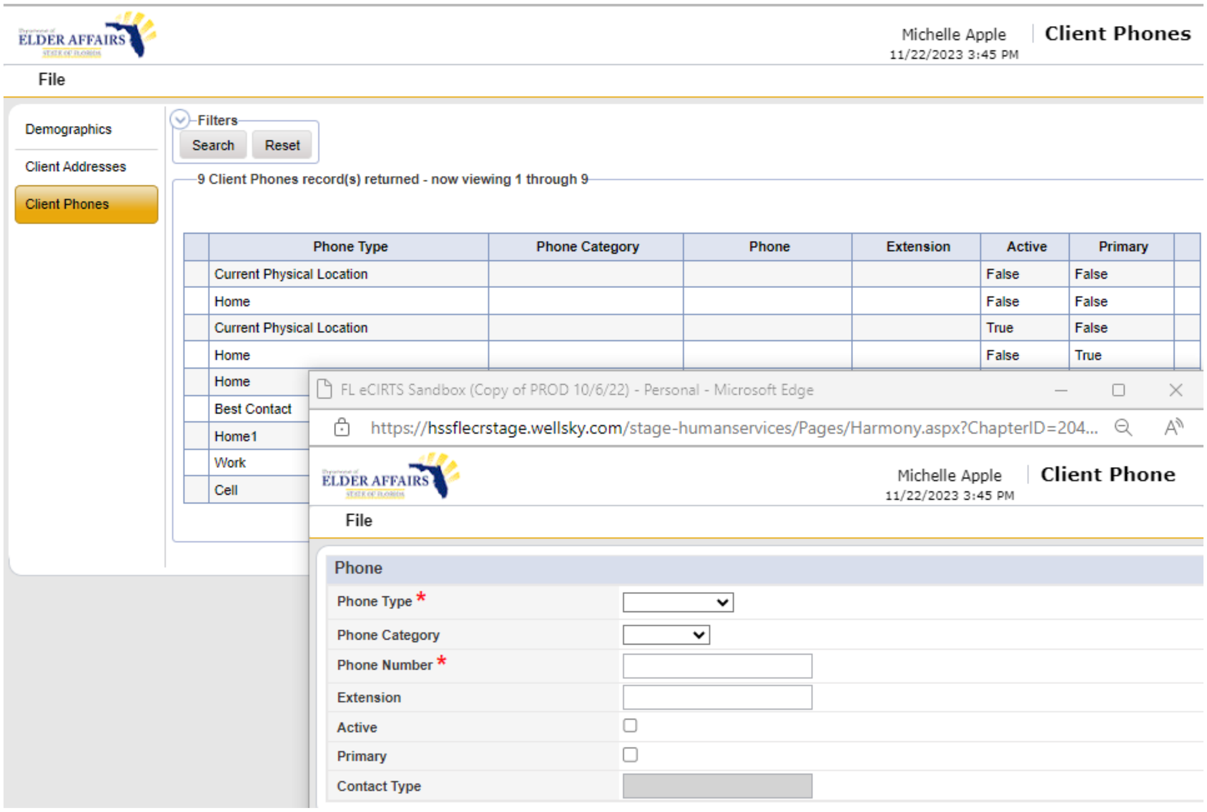
2. From the **File** menu, select **Edit Demographics**.

3. The Demographics detail page displays. The Client Addresses and Client Phone subpages are listed on the left.

4. Select the **Client Phones**. The phone numbers that are visible on the demographics detail page and will also be visible on this subpage.

5. To add an additional phone number, from the **File** menu, select **Add Client Phone**.

6. The Phone Details page displays. Update the following fields:
   a. **Phone Type:** Select the type of phone number.
   b. **Phone Category**: Select Current, Previous, Unknown or Other
   c. **Phone Number:** enter the phone number in (###)###-#### format.
   d. **Extension**: enter if applicable
   e. **Active**: check this box if this phone number currently in use. The phone number must be active to display on Demographics.
   f. **Primary**: check this box if you want this phone number to display on Demographics.
   g. **Contact Type**: Will default to Consumer and is read only.



7. From the **File** menu, select **Save and Close Client Phone**.

Follow Up

Eligibility specialists can manage their day-to-day workload from the My Work page. Any contact records assigned to the worker for follow up or subsequent contact attempts will be listed on the My Work > Contacts page. However, it is recommended eligibility specialists view their assignments from the Contact queue. There are more data elements available in the queue for quick view of the record and filtering options. Also, records are visible to all eligibility specialists and supervisors, not just those the contact is assigned to like on My Work. (i.e. eligibility specialists covering for each other, supervisors monitoring the work of their staff.)

Role: **eCIRTS Worker**

1. Select the **Contacts** tab.

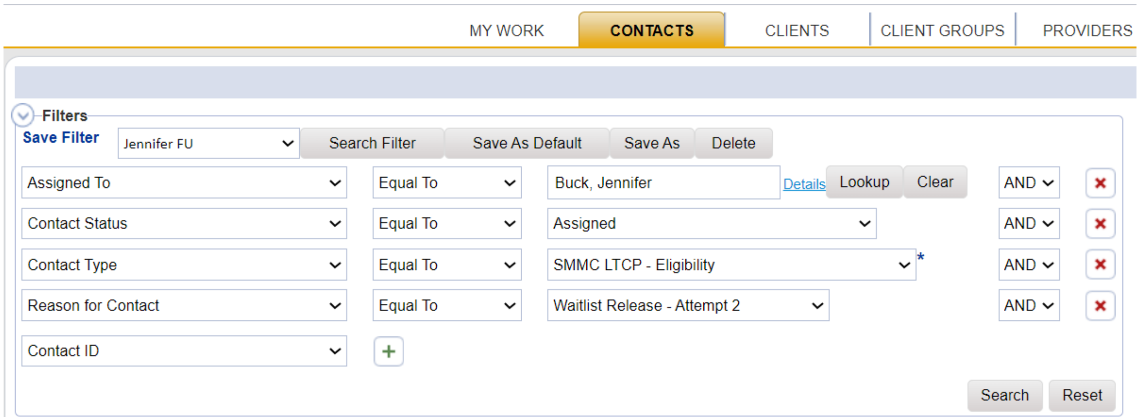
2. To view a list of contact attempt follow ups assigned to you, select the following search filters:
   a. **Assigned To**: search for and select your name if not already selected
   b. **Contact Type:** SMMC LTCP - Eligibility
   c. **Contact Status**: Assigned
   d. **Reason for Contact**: Waitlist Release - Attempt 2 or Waitlist Release - Attempt 3

3. Select **Search**. Results are returned.

11300 Switzer Road Overland Park, KS 66210

Note

Recommend creating a user saved filter to list all follow ups that require an additional contact attempt. The next time you use the Contact queue, you can select your saved Filter from the list and click **Search Filter**. This will populate the search filters, saving you time from looking them up again.



4. Select a record to open the contact details page.

5. Follow one of the scenarios:
    a. Unsuccessful Contact 2
    b. Unsuccessful Contact 3
    c. Successful Contact – Client Not Interested
    d. Successful Contact – Client Hospitalized/Nursing Home
    e. Successful Contact – Client Confirms Interest

6. To view a list of follow ups you assigned to yourself in the As Needed: Pre-release Research Follow Up section, select the following search filters:
    a. **Assigned To**: search for and select your name if not already selected.
    b. **Contact Type:** SMMC LTCP - Eligibility
    c. **Contact Status**: Follow Up

7. Select a record to open the contact details page.

8. Complete your follow up tasks and document updates in the open contact record. Update the following fields:
    a. **Short Summary:** brief details about follow-up. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    b. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    c. **Contact Type**: remains SMMC LTCP - Eligibility
    d. **Reason for Contact:** remains Waitlist Release
    e. **Contact Status**: update to Complete.
    f. **Assigned To**: defaults to self. Can remove value or leave as is.

9. From the **File** menu, select **Save and Close Contact**.

10. Proceed to the Medicaid Waiver Timeline Form section.

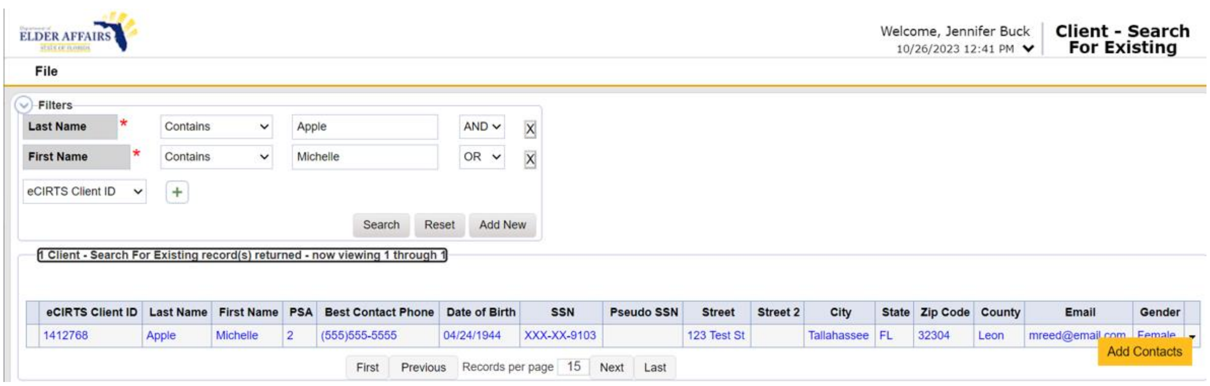
As Needed: Return to Pipeline

If a client began the EMS release process but did not finish, he/she has 6 months to contact the eligibility specialist to restart the process. The client will not have to start the process from the beginning. A contact record will be added and the MLTC program record will be updated.

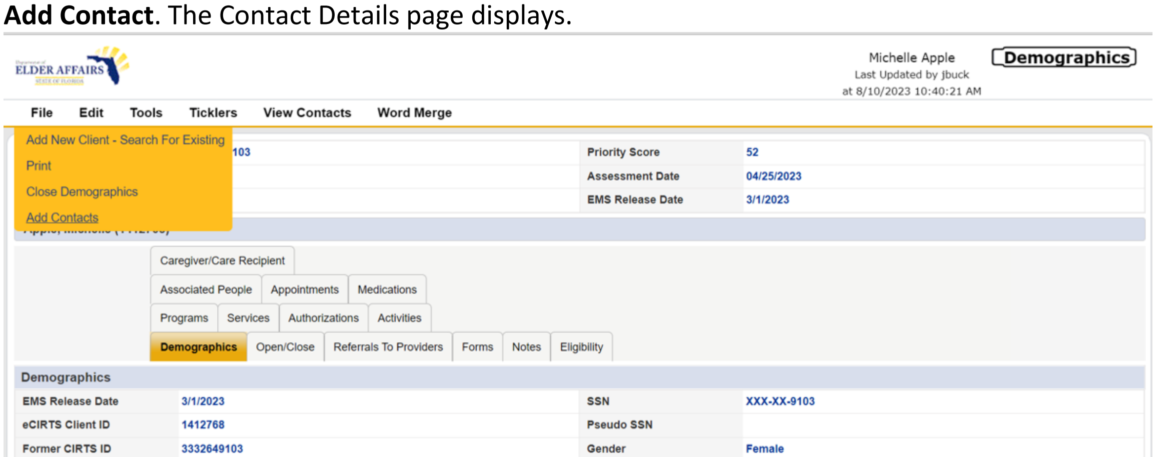
Role: **eCIRTS Worker**

1. The eligibility specialist will first search for the existing client record.

2. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.

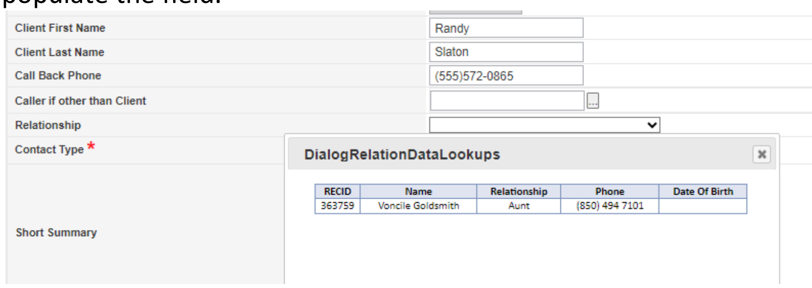


3. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.

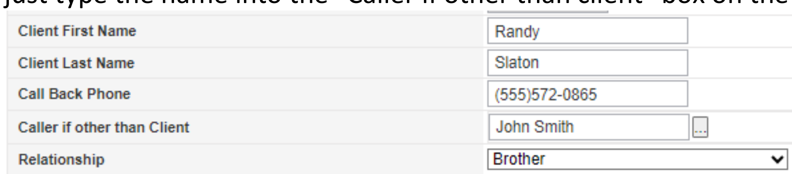


4. The Contact details page displays. Update the following fields:
   a. **Division**: Required. Defaults to AG as is read only.
   b. **Contact Date**: Required. defaults to today and is editable if needed.
   c. **Contact Time**: Required. defaults to now and is editable if needed.
   d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
   e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
   f. **Current Task**: Select Eligibility
   g. **Contact Method**: Required. defines how the contact was made.
   h. **Anonymous:** Leave blank

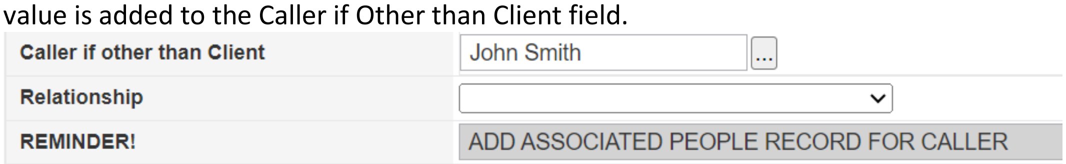
i. **eCIRTS ID:** populates automatically and is read only.
j. **Client First Name:** populates automatically.
k. **Client Last Name:** populates automatically.
l. **Call Back Phone:** populates automatically – update if needed.
m. **Caller if other than Client:** search field. If the Caller already exists on the client's Associated People tab, their name will be listed, and the eligibility specialist can pick it from the list to populate the field.



If not, the eligibility specialist can close the search window by clicking the X at the top right and just type the name into the "Caller if other than client" box on the contact screen.



n. **REMINDER!:** ADD ASSOCIATED PEOPLE RECORD FOR CALLER. This message displays when a value is added to the Caller if Other than Client field.

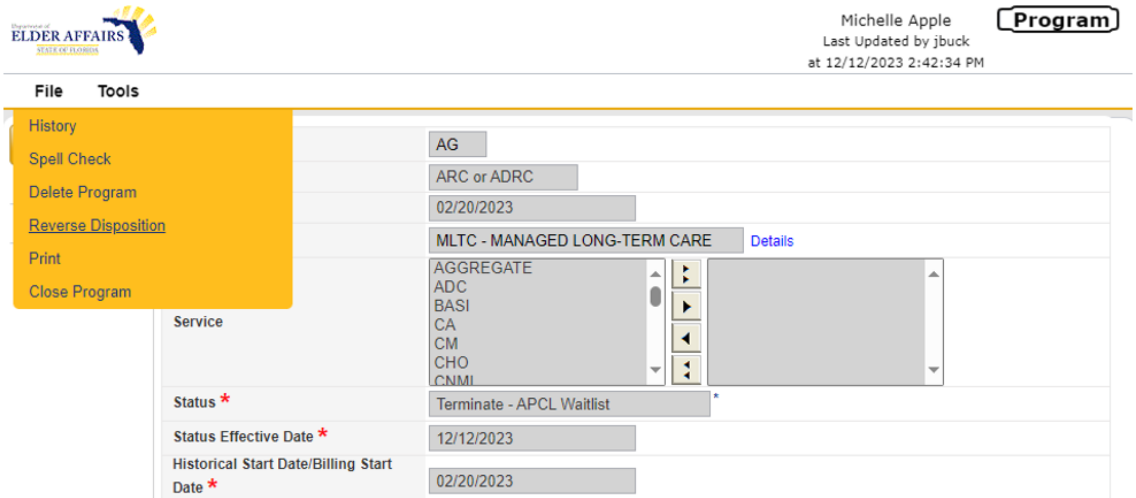


o. **Relationship:** enter the relationship of the caller to the client
p. **Contact Type**: select SMMC LTCP – Eligibility
q. **Short Summary:** Note the contact with the client within 6 months and confirmed interest. Will be updated later in the workflow.
r. **Notes:** leave blank. Will be updated later in the workflow.
s. **Contact Marker**: leave blank.
t. **SNAP Submittal Date**: leave blank.
u. **Reason for Contact:** Medicaid Eligibility
v. **Referral Type:** Return to Pipeline
w. **701S Appointment Date:** leave blank.
x. **Unmet Needs Reason:** leave blank.
y. **Assigned To**: defaults to self. Can remove value or leave as is.
z. **Screener**: leave blank
aa. **Contact Status**: Complete
bb. **Duration**: will automatically populate after the record is saved.
cc. **Client Primary Language**: leave blank.
dd. **Other Language**: leave blank.
ee. **Follow Up Date:** leave blank.
ff. **Screening Referral Created Date:** leave blank.

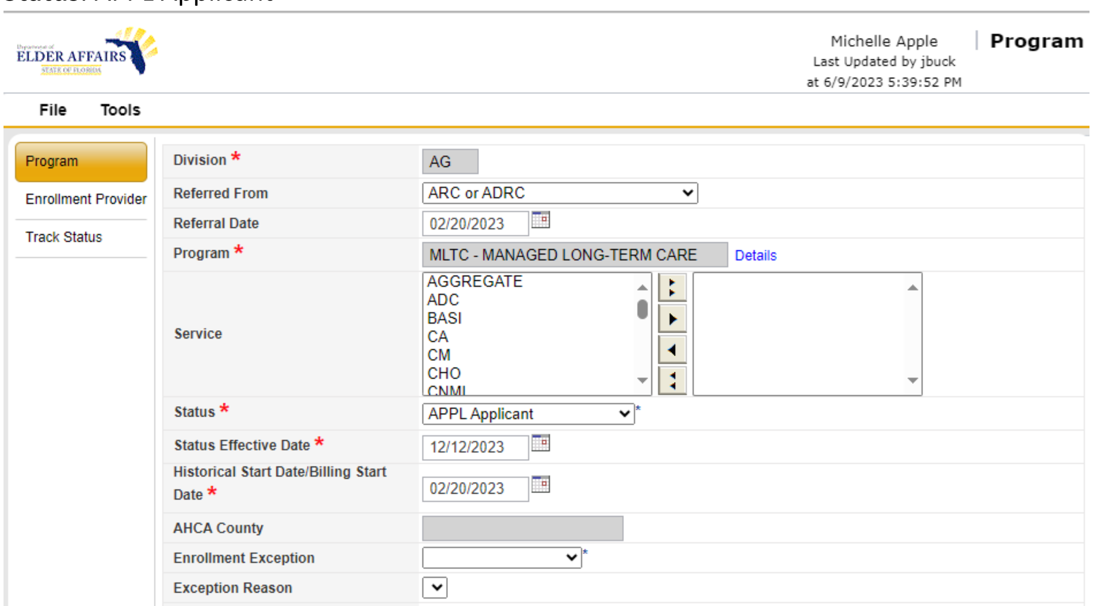
5. From the **File** menu, select **Save and Close Contact**.

6. The eligibility specialist will also update the MLTC program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in Terminate – APCL Waitlist status.

7. You must first reverse the status of this record before you can update it. From the **File** menu, select **Reverse Disposition**.



8. The page refreshes and the fields are now editable. Update the following fields:
    a. **Status**: APPL Applicant

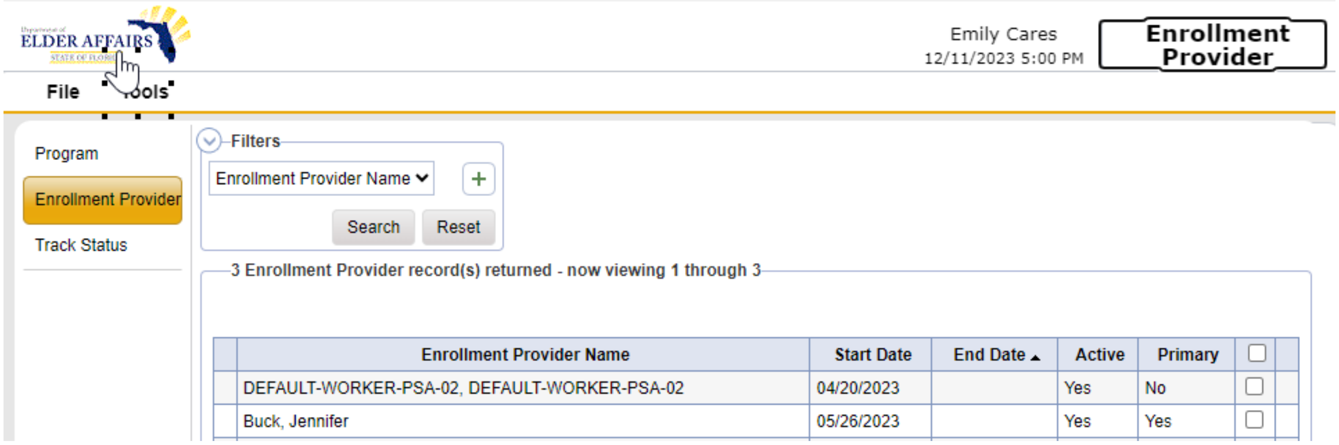


9. From the **File** menu, select **Save and Close Programs**.

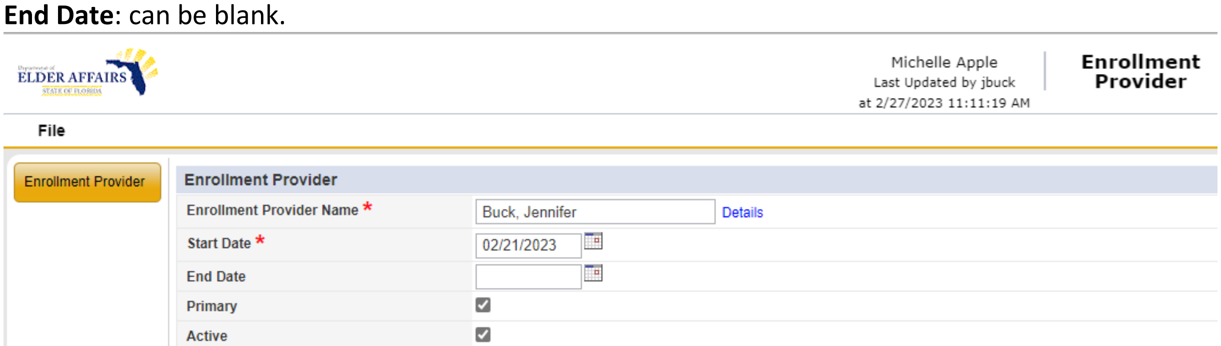
10. You may need to update the worker on the **Enrollment Provider subpage**. You want this client to be visible on your My Work page so you can manage your caseload throughout the staffing process and level of care determination. You may need to change the enrollment provider from the generic Default PSA provider for your PSA to yourself.

11. Complete the steps in the Eligibility Specialist Assigned section if you have never been listed as an enrollment provider for this client.

12. Otherwise, select your worker record from the list.



13. The Enrollment Provider details page displays. Update the following fields:
    a. **Primary**: check the box
    b. **Active**: check the box
    c. **Start Date**: enter the date you are making the change.
    d. **End Date**: can be blank.



14. From the **File** menu, select **Save and Close Enrollment Provider.**

15. Proceed to the Medicaid Waiver Timeline Form section.

Pre-release Research Tasks

If the client is coming off the MLTC waitlist through the EMS release process, several pre-release research tasks are completed before making the CARES Referral. The completion of the tasks is recorded as a Contact record in eCIRTS. The Pre-release Research Tasks include:

- Confirm the 3008 is on file.
- Confirm if the LOC is on file.
- Confirm Medicaid and DCF status.
- Send the Waitlist Release Notice

For some PSAs the contact attempts to confirm client interest happen before the Pre-Release Research tasks. For other PSAs, the Pre-Release Research tasks come first. Regardless of the order, the steps to complete in eCIRTS are the same and both must be completed before making the CARES referral.

Sending/Receiving the 3008 Medical Certification Form

Following a screening if a client is ranked as a five, the screener may send the 3008 Medical Certification form to the client for completion by his/her physician. Once returned, the ADRC will scan and save it to a note in eCIRTS. See the Screening Workflows Training Guide for more information.

Later in the workflow when clients are coming off the MLTC waitlist, the eligibility specialist may find the 3008 has already been completed, returned and on file. If not, the eligibility specialist will complete the steps to obtain a complete 3008 from the client and his/her physician.

Role: **eCIRTS Worker**

Proceed to one of the following scenarios:

1. 3008 Received and Complete
2. 3008 Received and NOT Complete
3. 3008 Not Received

3008 Received and Complete

1. Navigate to the **Notes** tab of the client record to confirm if the 3008 is already on file.

2. If the 3008 has already been sent to the client, there will be a note with Note Type: Referral Packet and Note Sub-Type: 3008 or equivalent. The eligibility specialist will check this note to confirm the 3008 is present and complete. Select the note to open it.

3. Open the attachment to view the 3008 form.

Note

In eCIRTS, you must save the attachment to your device before you can view it.

4. If the 3008 is complete, from the note details page, update the following fields:
    a. **Note Type**: remains Referral Packet
    b. **Note Sub-Type**: remains 3008 or equivalent.
    c. **Note**: note the 3008 has been received and is complete
    d. **Status**: select Complete
    e. **Follow Up Date:** leave blank.
    f. **Note Recipient:** leave blank.
    g. **Attachment**: keep the attached 3008 attached.

5. From the **File** menu, select **Save and Close Notes**.

6. Proceed with the rest of the pre-release research tasks.

7. Once all the pre-release research tasks are completed, 3008 details will also be documented on the Medicaid Waiver Timeline Form

3008 Received and NOT Complete

1. Navigate to the **Notes** tab of the client record to confirm if the 3008 is already on file.

2. If the 3008 has already been sent to the client, there will be a note with Note Type: Referral Packet and Note Sub-Type: 3008 or equivalent. The eligibility specialist will check this note to confirm the 3008 is present and complete. Select the note to open it.

3. Open the attachment to view the 3008 form.

Note

In eCIRTS, you must save the attachment to your device before you can view it.

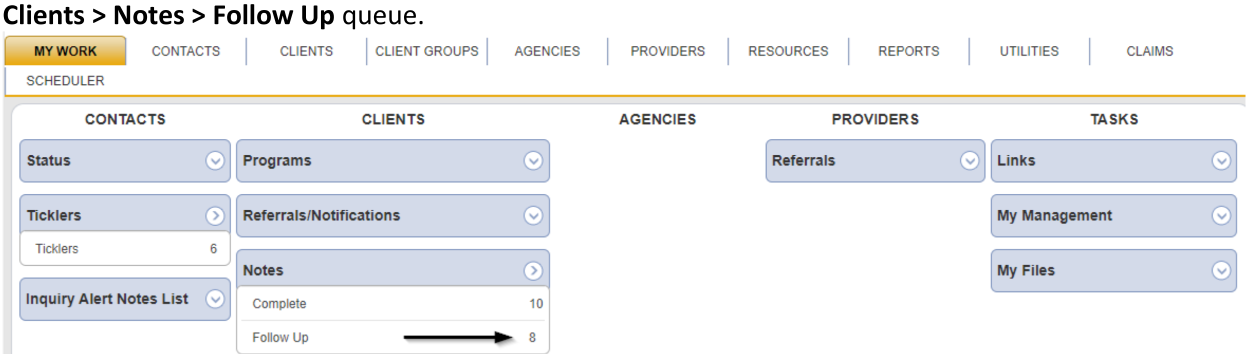
4. If the 3008 is NOT complete, the eligibility specialist will follow up with the client. From the note details page, update the following fields:
   a. **Note Type**: remains Referral Packet
   b. **Note Sub-Type**: remains 3008 or equivalent.
   c. **Note**: enter details about the 3008 and what is missing
   d. **Status**: select Follow Up
   e. **ADD A NOTE RECIPIENT**: This message displays when the status is Follow Up. It is a reminder to add this note to a worker's My Work > Notes queue for follow up. The worker is added as a Note Recipient.
   f. **Follow Up Date:** enter a date you want to be prompted to follow up.
   g. **Note Recipient:** search for and enter your name as the note recipient.
   h. **Attachment**: keep the attached 3008 attached.

5. From the **File** menu, select **Save and Close Notes**.

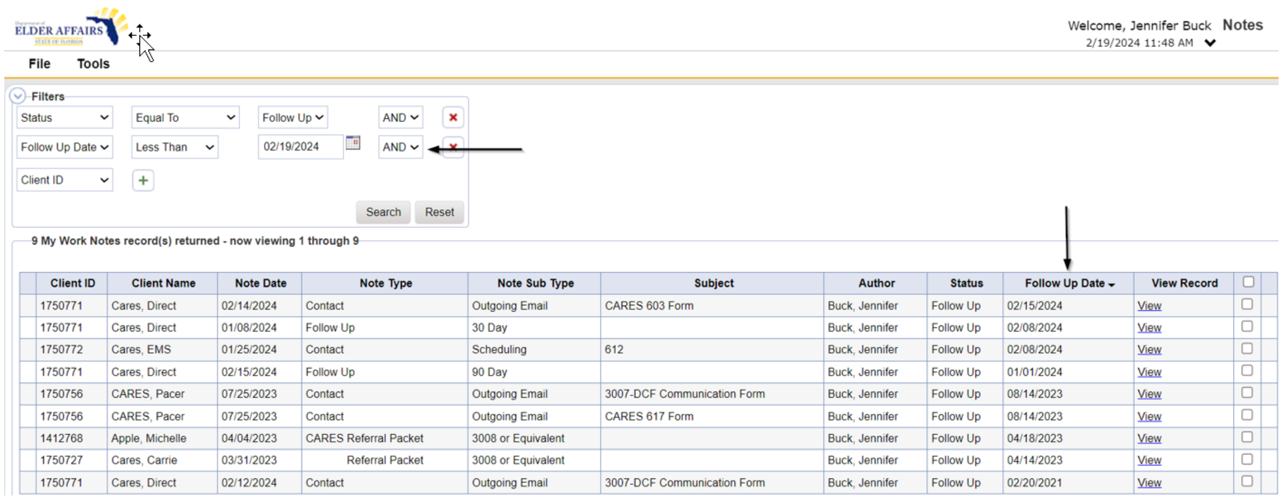
NOTE

The Client has 30 days to return the completed 3008 Medical Certification Form. If it is not returned, on the 31st day eligibility staff will terminate the MLTC and inform the client that the information has not been received. The Client can return to APPL Applicant status if they return the form within 6 months of the EMS Release Date. Proceed to the Return to Pipeline section.

6. This note will be visible on the My Work page for the eligibility specialist. This can be helpful and serve as a reminder to the specialist to follow up on the 3008. From the **My Work** page, select the **Clients > Notes > Follow Up** queue.



7. A list of notes where the eligibility specialist is the note recipient, and the status is follow up are displayed. Use the search filters and the Follow Up Date to narrow this list down to those that require follow up today/this week.



Client ID	Client Name	Note Date	Note Type	Note Sub Type	Subject	Author	Status	Follow Up Date	View Record
1750771	Cares, Direct	02/14/2024	Contact	Outgoing Email	CARES 603 Form	Buck, Jennifer	Follow Up	02/15/2024	View
1750771	Cares, Direct	01/08/2024	Follow Up	30 Day		Buck, Jennifer	Follow Up	02/08/2024	View
1750772	Cares, EMS	01/25/2024	Contact	Scheduling	612	Buck, Jennifer	Follow Up	02/08/2024	View
1750771	Cares, Direct	02/15/2024	Follow Up	90 Day		Buck, Jennifer	Follow Up	01/01/2024	View
1750756	CARES, Pacer	07/25/2023	Contact	Outgoing Email	3007-DCF Communication Form	Buck, Jennifer	Follow Up	08/14/2023	View
1750756	CARES, Pacer	07/25/2023	Contact	Outgoing Email	CARES 617 Form	Buck, Jennifer	Follow Up	08/14/2023	View
1412768	Apple, Michelle	04/04/2023	CARES Referral Packet	3008 or Equivalent		Buck, Jennifer	Follow Up	04/18/2023	View
1750727	Cares, Carrie	03/31/2023	Referral Packet	3008 or Equivalent		Buck, Jennifer	Follow Up	04/14/2023	View
1750771	Cares, Direct	02/12/2024	Contact	Outgoing Email	3007-DCF Communication Form	Buck, Jennifer	Follow Up	02/20/2021	View

8. Select the Referral Packet > 3008 or equivalent note from the list.

9. The Note details page displays. Update the following fields:
    a. **Note Type**: remains Referral Packet
    b. **Note Sub-Type**: remains 3008 or equivalent.
    c. **Note**: note the 3008 has been received and is complete
    d. **Status**: select Complete
    e. **Follow Up Date:** leave blank.
    f. **Note Recipient:** leave blank.
    g. **Attachment**: scan and attach the completed 3008

10. From the **File** menu, select **Save and Close Notes**.

11. Proceed with the rest of the pre-release research tasks.

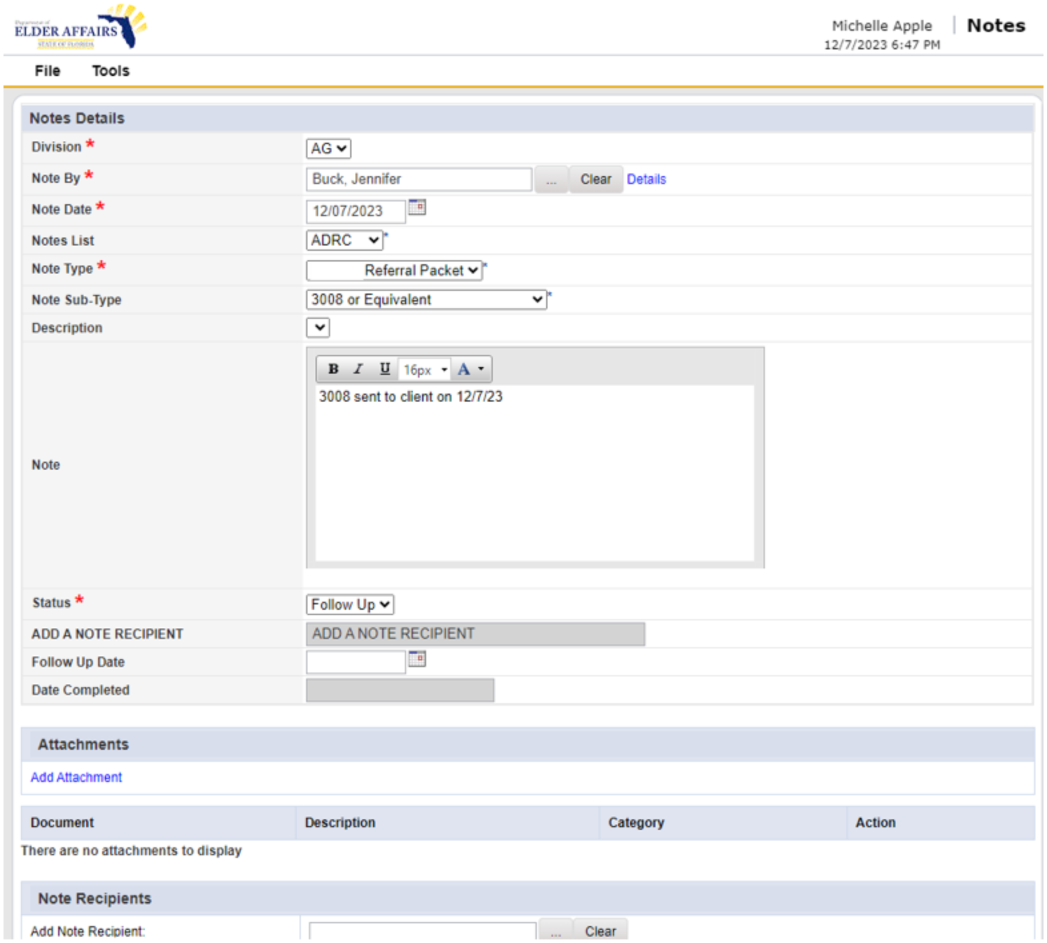
12. Once all the pre-release research tasks are completed, 3008 details will also be documented on the Medicaid Waiver Timeline Form

3008 Not Received

1. If there is NOT a note with Note Type of Referral Packet and Note Sub Type of 3008 or equivalent, the eligibility specialist must work with the client to complete one. The eligibility specialist will create the note. From the **File** menu, select **Add Note**.

2. The Note detail page displays. Update the following fields:
    a. **Division**: Defaults to AG
    b. **Note By:** Defaults to self.
    c. **Note Date**: Defaults to today.
    d. **Notes List**: select ADRC.
    e. **Note Type**: Referral Packet
    f. **Note Sub-Type**: 3008 or equivalent.
    g. **Note**: enter details when the 3008 was sent to the client
    h. **Status**: Follow Up
    i. **ADD A NOTE RECIPIENT**: This message displays when the status is Follow Up. It is a reminder to add this note to a worker's My Work > Notes queue for follow up. The worker is added as a Note Recipient.

j. **Follow Up Date:** enter a date you want to be prompted to follow up.
k. **Note Recipient:** search for and select your name as the note recipient.
l. **Attachment**: none. Later when the 3008 form is received, it will be scanned and saved to this same note as an attachment.

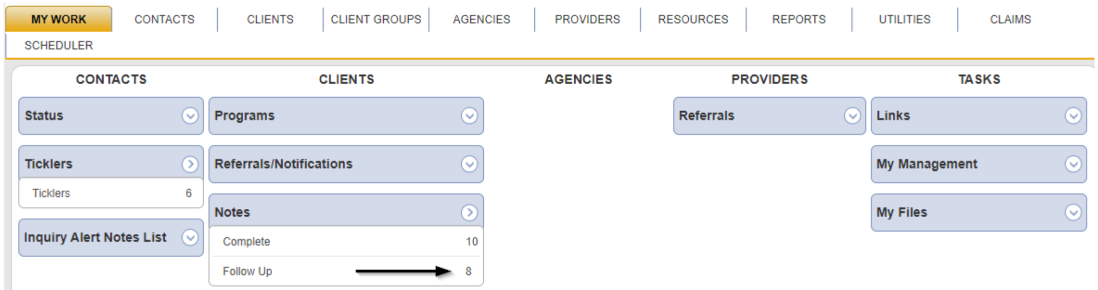


3. From the **File** menu, select **Save and Close Notes.** Send the 3008 Medical Certification form to the client for completion by his/her physician. The 3008 Medical Certification form is not printed from eCIRTS.

NOTE

The Client has 30 days to return the completed 3008 Medical Certification Form. If it is not returned, on the 31st day eligibility staff will terminate the MLTC and inform the client that the information has not been received. The Client can return to the APCL Waitlist if they return the form within 5 months. (6-month total time to be reinstated to the waitlist) Proceed to the Return to Pipeline section.

4. When the 3008 Medical Certification form is returned, it will be scanned and saved to the Referral Packet > 3008 or equivalent note in eCIRTS. You can find the note two ways.
   a. **My Work** page, select the **Clients > Notes > Follow Up** queue. Select the existing Referral Packet > 3008 or equivalent note.



b. Search for and select the existing client record. Select the **Notes** tab. From the list view, select the existing Referral Packet > 3008 or equivalent note.

5. The Note details page displays. Update the following fields:
    a. **Note**: enter details the 3008 being received
    b. **Status**: Complete
    c. **Follow Up Date:** Leave blank.
    d. **Note Recipient:** None needed.
    e. **Attachment**: scan and attach the completed 3008 forms

6. From the **File** menu, select **Save and Close Notes.**

7. Proceed with the rest of the pre-release research tasks.

8. Once all the pre-release research tasks are completed, 3008 details will also be documented on the Medicaid Waiver Timeline Form.

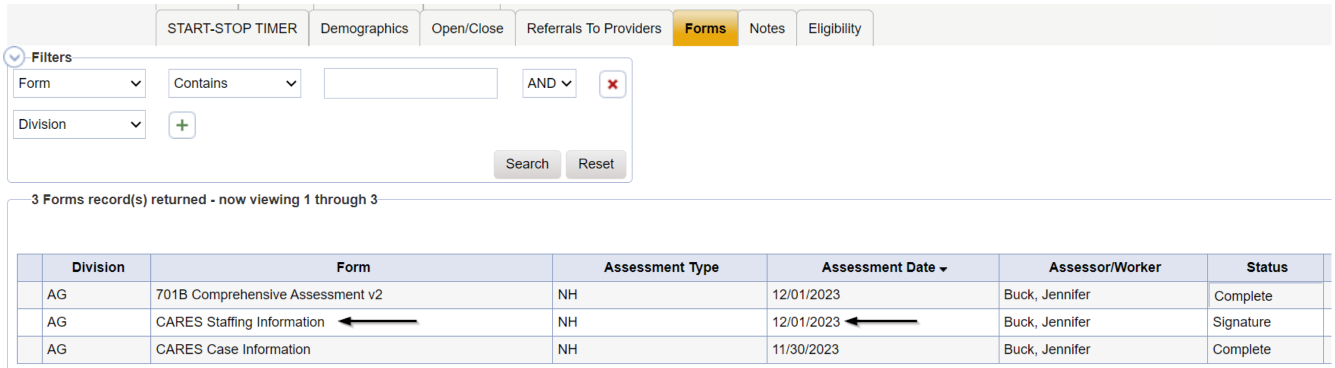
Confirm if the Level of Care (LOC) is on File

The eligibility specialist will confirm if the LOC is already on file and less than 6 months old. Level of Care is housed on the Staffing screens in CIRTS. In eCIRTS, Level of Care is housed on the CARES Staffing Form on the client's Forms tab.

Role: **eCIRTS Worker**

1. The Level of Care data from the Staffing screens in CIRTS will be visible on a CARES Staffing Form in eCIRTS. From the client's record, select the **Forms** tab.

2. Review the list of completed forms, looking for a **CARES Staffing Information** form in a Signature or Complete status with an Assessment Date within the past 6 months. Click on the form to open it and review the details.


START-STOP TIMER | Demographics | Open/Close | Referrals To Providers | Forms | Notes | Eligibility

Filters

Form | Contains | AND

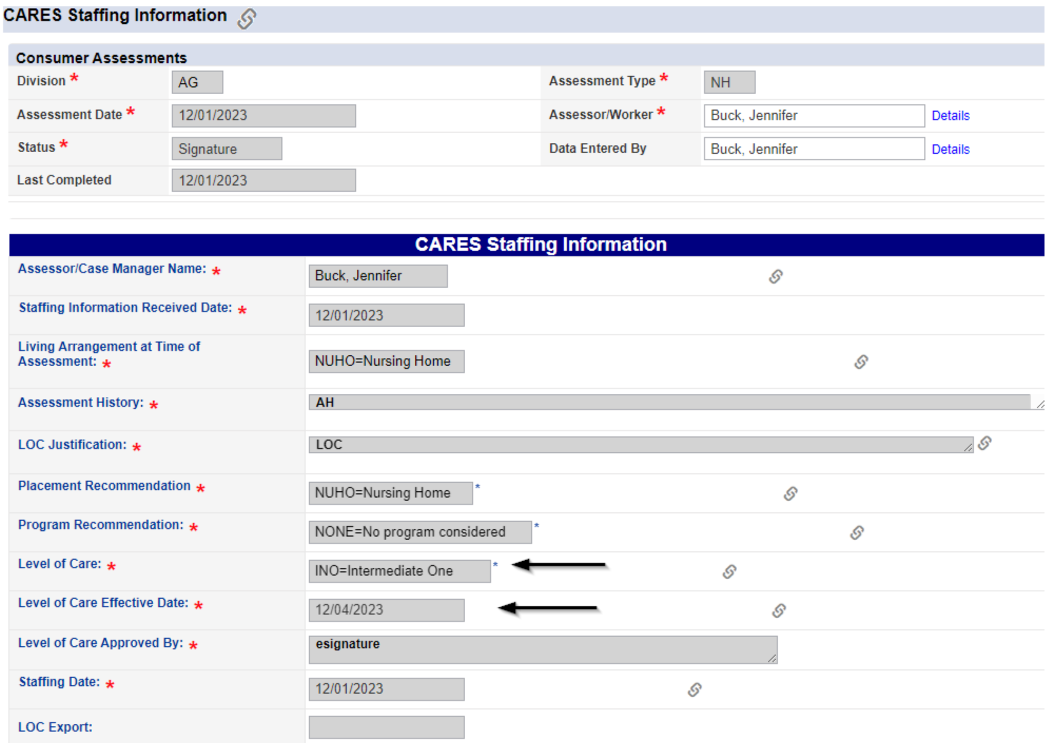
Division

Search | Reset

3 Forms record(s) returned - now viewing 1 through 3

Division	Form	Assessment Type	Assessment Date	Assessor/Worker	Status
AG	701B Comprehensive Assessment v2	NH	12/01/2023	Buck, Jennifer	Complete
AG	CARES Staffing Information	NH	12/01/2023	Buck, Jennifer	Signature
AG	CARES Case Information	NH	11/30/2023	Buck, Jennifer	Complete

3. If a LOC exits and is less than 6 months old, a CARES Referral is not needed. Close the form. Document the existence of a current LOC in a note. Proceed to the Pre-release Research Task Note section. Then proceed to the Medicaid Active section.


CARES Staffing Information

Consumer Assessments

Division *	AG	Assessment Type *	NH
Assessment Date *	12/01/2023	Assessor/Worker *	Buck, Jennifer Details
Status *	Signature	Data Entered By	Buck, Jennifer Details
Last Completed	12/01/2023		

CARES Staffing Information

Assessor/Case Manager Name: *	Buck, Jennifer
Staffing Information Received Date: *	12/01/2023
Living Arrangement at Time of Assessment: *	NUHO=Nursing Home
Assessment History: *	AH
LOC Justification: *	LOC
Placement Recommendation *	NUHO=Nursing Home
Program Recommendation: *	NONE=No program considered
Level of Care: *	INO=Intermediate One
Level of Care Effective Date: *	12/04/2023
Level of Care Approved By: *	esignature
Staffing Date: *	12/01/2023
LOC Export:	

4. If a LOC does not exist or if a LOC does exist but is more than 6 months old, a CARES Referral is needed. Close the form and proceed with the rest of the pre-release research tasks.

5. Once all the pre-release research tasks are completed, LOC status will also be documented on the Medicaid Waiver Timeline Form.

Check Medicaid and DCF Status

The eligibility specialist will check the client's Medicaid and DCF status outside of eCIRTS and document in eCIRTS.

FUTURE: Medicaid status will also be visible in eCIRTS on the client's Eligibility tab.

Role: **eCIRTS Worker**

1. The eligibility specialist will log into FLORIDA, for example to obtain the client's Medicaid status. It will be documented in the Pre-release Research Tasks Note section.

2. Once all the pre-release research tasks are completed, Medicaid and DCF status details will also be documented on the Medicaid Waiver Timeline Form.

Send the Waitlist Release Notice

Based on the status of the 3008 Medical Certification Form, Level of Care status and Medicaid/DCF application status, the ADRC will send one of the following waitlist release notices to the client.

- 100YMYF - Some form of Medicaid/Yes Form 5000-3008
- 200NMNF - No Medicaid/No Form 5000-3008
- 300YMNF - Some form of Medicaid/No Form 5000-3008
- 400NMYF - No Medicaid/Yes Form 5000-3008
- 500SSYF - SSI/Yes Form 5000-3008
- 600SSNF - SSI/No Form 5000-3008

A copy of the notice is not saved in eCIRTS but the notice that is sent will be referenced in the Medicaid Waiver Timeline form and in a contact record by the eligibility specialist.

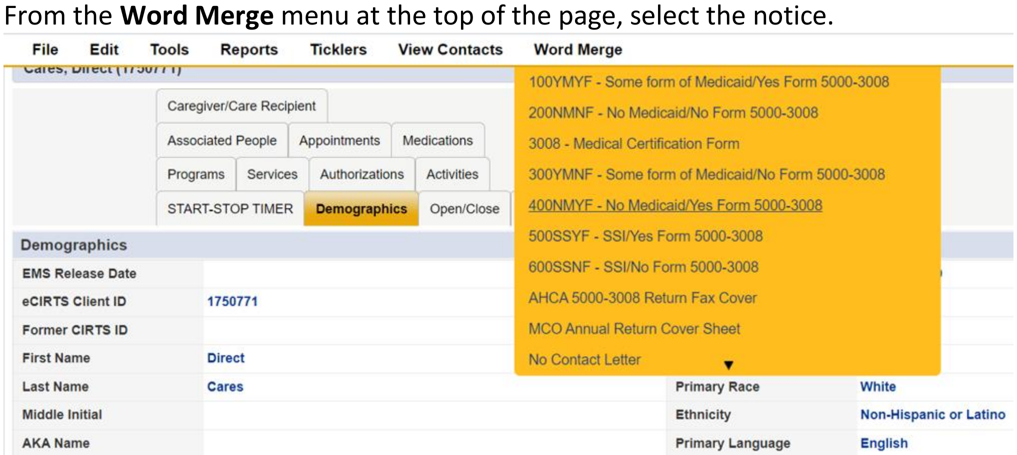
Most PSAs send these notices out in bulk, outside of eCIRTS. They can also be printed on demand, one by one in eCIRTS.

NOTE: The notice CAN be sent before a completed 3008 is on file, but a completed 3008 must be on file before a CARES referral can be made.

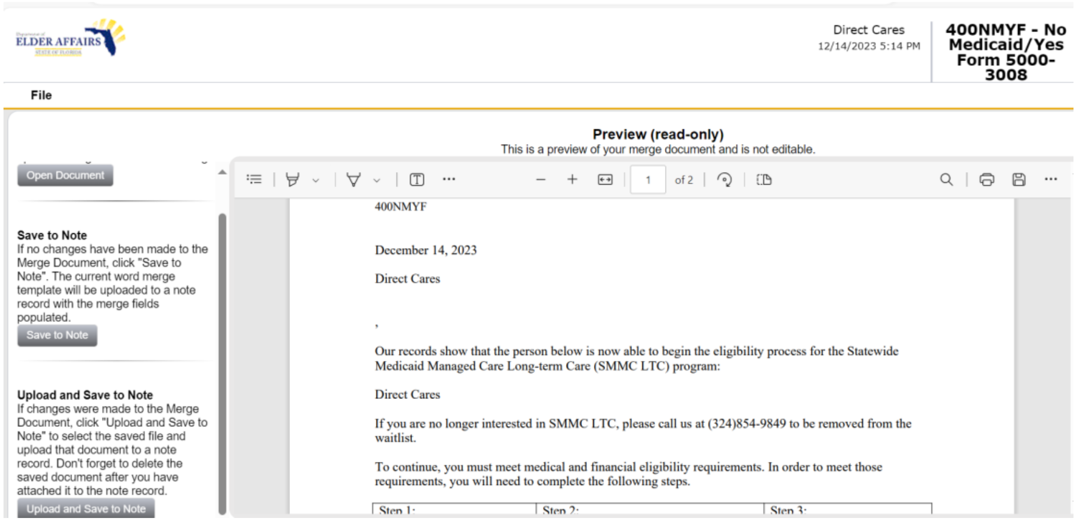
Role: **eCIRTS Worker**

1. To print the notice from eCIRTS, navigate to the client's record and select the **Demographics** tab.

2. From the **Word Merge** menu at the top of the page, select the notice.



3. The Word Merge preview page opens and shows a preview of the letter.



4. Some information auto-populates the notice and other information needs to be manually added. Select **Open Document**. It must be saved to your device first before it can be edited.

5. Select where on your device the notice should be saved.

6. Edit the notice. Once your edits have been made, save your changes to your device.

7. Send the notice to the client.

8. You do not have to save a copy of the notice to a note in eCIRTS but you will note which was sent in the Pre-release Research Tasks Note.

9. Once all the pre-release research tasks are completed, waitlist release notice information will also be documented on the Medicaid Waiver Timeline Form.

Pre-release Research Tasks Note

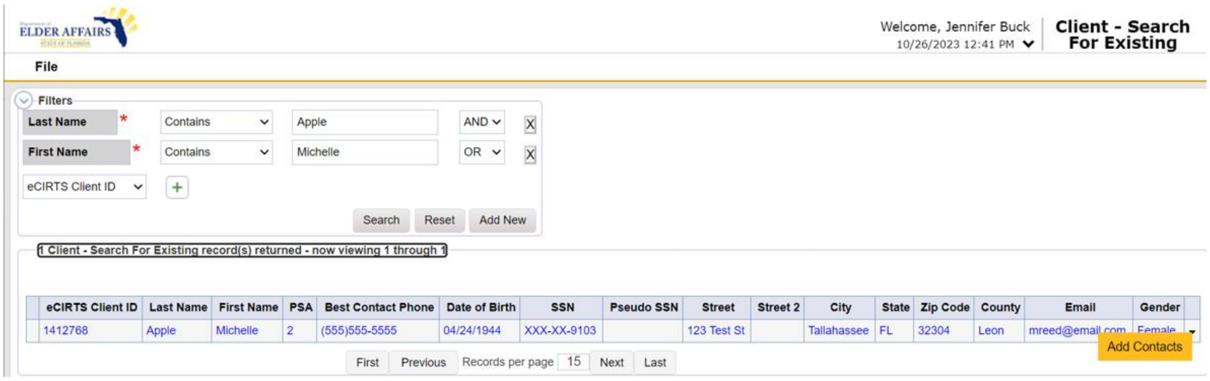
When the client is coming off the MLTC waitlist through the EMS release process, several pre-release research tasks are completed before making the CARES Referral. The completion of the tasks is recorded as a contact record in eCIRTS. The Pre-release Research Tasks include:

- Confirm the 3008 is on file.
- Confirm if the LOC is on file.
- Confirm Medicaid and DCF status.
- Send the Waitlist Release Notice

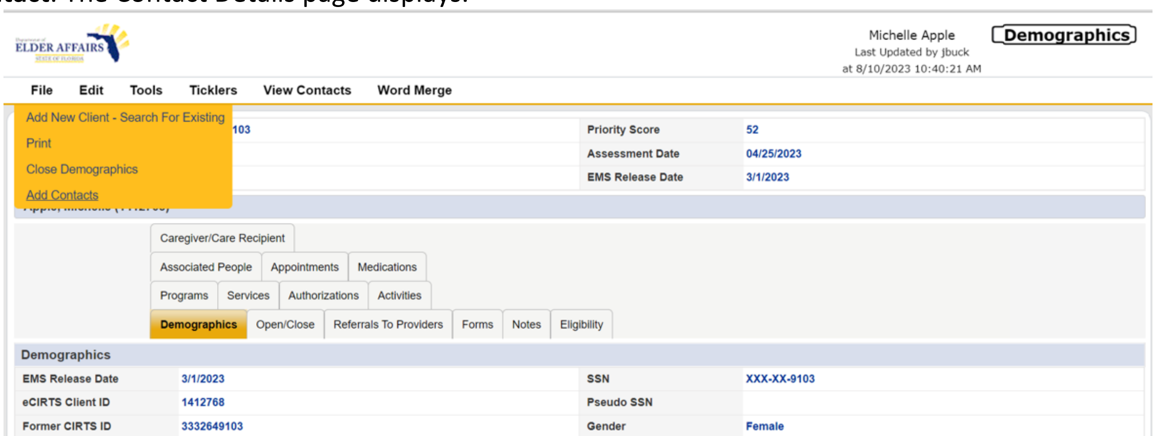
Role: **eCIRTS Worker**

1. The eligibility specialist will first search for the existing client record.

2. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.



3. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



4. The Contact details page displays. Update the following fields:
   a. **Division**: Required. Defaults to AG as is read only.
   b. **Contact Date**: Required. defaults to today and is editable if needed.
   c. **Contact Time**: Required. defaults to now and is editable if needed.
   d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
   e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
   f. **Current Task**: Select Eligibility
   g. **Contact Method**: NA
   h. **Anonymous:** Leave blank
   i. **eCIRTS ID:** populates automatically and is read only.
   j. **Client First Name:** populates automatically.
   k. **Client Last Name:** populates automatically.
   l. **Call Back Phone:** populates automatically – update if needed.
   m. **Caller if other than Client:** leave blank.
   n. **Contact Type**: select SMMC LTCP – Eligibility
   o. **Short Summary:** Document the completion of the pre-release research tasks, and which release letter was sent to the client and when. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
   p. **Notes**: This field is unlimited and does not display on the Contact queue**.** This field is optional and only needed if additional details are needed beyond the **Short Summary**
   q. **Contact Marker**: leave blank.
   r. **SNAP Submittal Date**: leave blank.
   s. **Reason for Contact:** Waitlist Release

t. **Referral Type:** leave blank.
u. **701S Appointment Date:** leave blank.
v. **Unmet Needs Reason:** leave blank.
w. **Assigned To**: defaults to self. Can remove value or leave as is.
x. **Screener**: leave blank
y. **Contact Status**: Complete
z. **Duration**: will automatically populate after the record is saved.
aa. **Client Primary Language**: leave blank.
bb. **Other Language**: leave blank.
cc. **Follow Up Date:** leave blank.
dd. **Screening Referral Created Date:** leave blank.

5. From the **File** menu, select **Save and Close Contact**.

6. Proceed to the [Medicaid Waiver Timeline Form](#) section.

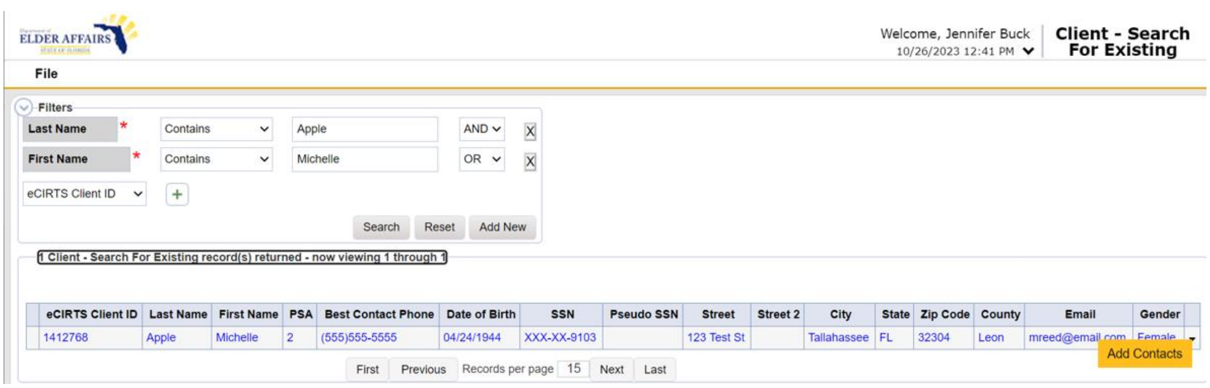
As Needed: Pre-release Research Follow Up

If additional follow up is needed with the client to complete the pre-release research tasks, each is documented on a separate Contact record in eCIRTS.

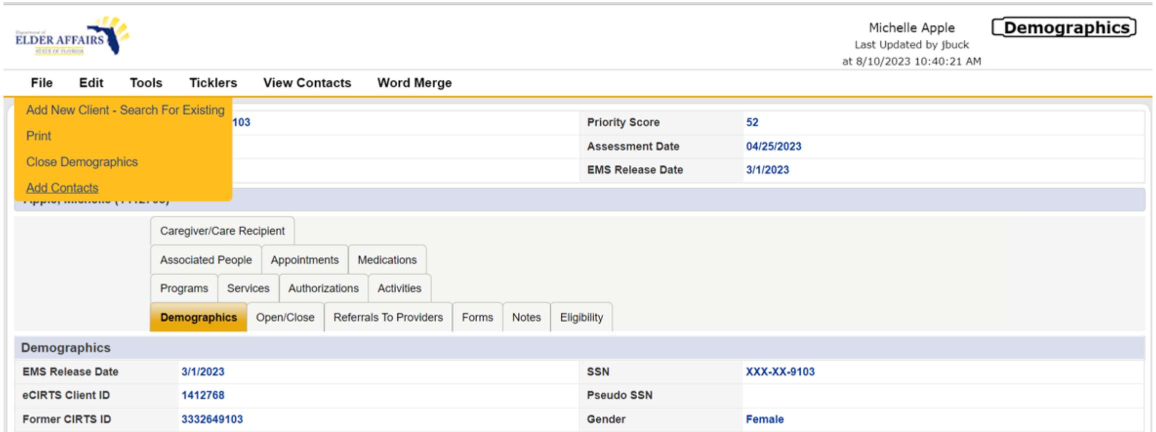
Role: **eCIRTS Worker**

1. The eligibility specialist will first search for the existing client record.

2. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.



3. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



4. The Contact details page displays. Update the following fields:
    a. **Division**: Required. Defaults to AG as is read only.
    b. **Contact Date**: Required. defaults to today and is editable if needed.
    c. **Contact Time**: Required. defaults to now and is editable if needed.
    d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
    e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
    f. **Current Task**: Select Eligibility
    g. **Contact Method**: NA
    h. **Anonymous:** Leave blank
    i. **eCIRTS ID:** populates automatically and is read only.
    j. **Client First Name:** populates automatically.
    k. **Client Last Name:** populates automatically.
    l. **Call Back Phone:** populates automatically – update if needed.
    m. **Caller if other than Client:** leave blank.
    n. **Contact Type**: select SMMC LTCP – Eligibility
    o. **Short Summary:** Document the need for follow up. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    p. **Notes**: This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    q. **Contact Marker**: leave blank.
    r. **SNAP Submittal Date**: leave blank.
    s. **Reason for Contact:** Waitlist Release
    t. **Referral Type:** leave blank.
    u. **701S Appointment Date:** leave blank.
    v. **Unmet Needs Reason:** leave blank.
    w. **Assigned To**: defaults to self. Can remove value or leave as is.
    x. **Screener**: leave blank
    y. **Contact Status**: Follow Up.
    z. **Duration**: will automatically populate after the record is saved.
    aa. **Client Primary Language**: leave blank.
    bb. **Other Language**: leave blank.
    cc. **Follow Up Date:** leave blank.
    dd. **Screening Referral Created Date:** leave blank.

5. From the **File** menu, select **Save and Close Contact**.

6. Proceed to the Follow Up section.

Medicaid Waiver Timeline Form

The eligibility specialist will document the completion of the pre-release research tasks and additional information as the client progresses through the staffing and eligibility process. The eligibility specialist will update this form many times during the release-staffing-eligibility process for the client. The status on the form is important. It will be updated to the 'last step completed' for the client. Status changes make it easy for specialists to group and manage their caseloads on the My Work page. See the View Last Step Completed section for more information.

Role: **eCIRTS Worker**

1. The eligibility specialist does not have to create a Medicaid Waiver Timeline form until the pre-release research tasks are completed and the client has confirmed interest. The client's MLTC enrollment will be in APPL status before the Medicaid Waiver Timeline Form is created.

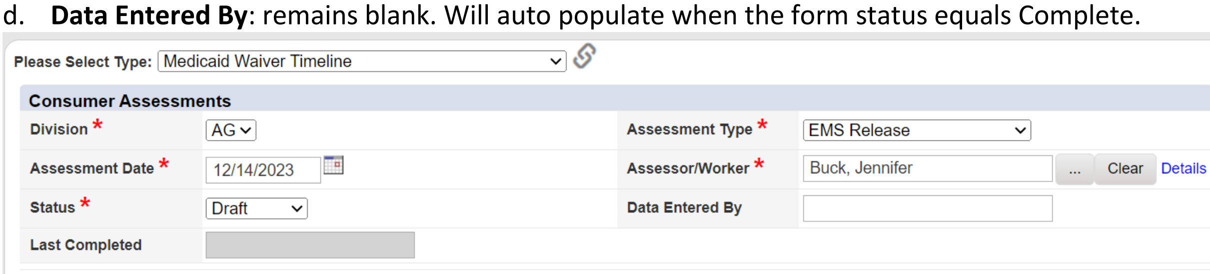
2. To add a Medicaid Waiver Timeline form, navigate to the client's record and select the **Forms** tab.

3. From the **File** menu, select **Add Form**.

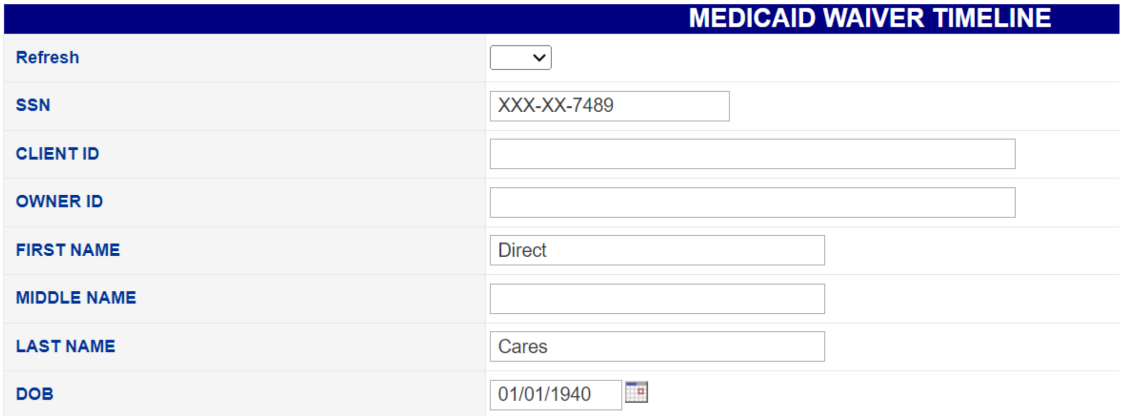
4. Select the **Medicaid Waiver Timeline Form** from the list.

5. The form opens. In the header, update the following fields:

    a. **Status**: defaults to Draft. Change to Pending so it will be visible in the Forms Queue described in the View Last Step Completed section.
    b. **Assessment Type**: EMS Release
    c. **Last Completed**: remains blank. Will auto populate when the form status equals Complete.
    d. **Data Entered By**: remains blank. Will auto populate when the form status equals Complete.



6. Demographic information for the client auto populates on the form. It is pulling from the client's Demographic page.



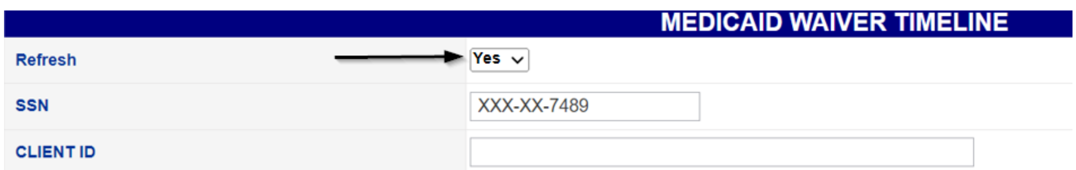
MEDICAID WAIVER TIMELINE

Refresh	
SSN	XXX-XX-7489
CLIENT ID	
OWNER ID	
FIRST NAME	Direct
MIDDLE NAME	
LAST NAME	Cares
DOB	01/01/1940

7. Additional questions about the status of the client's release process are displayed. The eligibility specialist will answer each as the information is known.

NOTE

With a future enhancement, eligibility specialists will be able to use the Refresh enhancement on the Medicaid Waiver Timeline form. Every time the form is saved and the value in the Refresh field is Yes, a behind the scenes process will look in several areas of the client's record to fill in responses to the questions on the Medicaid Waiver Timeline form. Using this enhancement will reduce the amount of data entry the eligibility specialist has to complete.



MEDICAID WAIVER TIMELINE

Refresh	Yes
SSN	XXX-XX-7489
CLIENT ID	

8. Each time an update is made, the form should be saved, and the Assessment Type may need to be updated per the table below:

Assessment Type	Description
APS	Referral received from Adult Protective Services and should be treated with priority
EMS Release	A new EMS release referral and the CARES referral packet is not yet complete.
3008 Incomplete	An EMS referral with an incomplete 3008. Follow up is required.
DCF Pending	EMS referral is pending DCF financial eligibility determination
CARES Referral	Pre-release research tasks are complete, and the CARES Referral has been made.
Financial Eligibility Pending	Staffing has been completed and the case is pending financial eligibility determination
Medicaid Eligibility Pending	Staffing has been completed and the case is pending Medicaid eligibility determination
Medical Eligibility Pending	Staffing has been completed and the case is pending medical eligibility determination
SSI/TXIX/LTC	Staffing has been completed and the client already has SSI, TXIX or LTC benefits.

9. In the header, update the following fields:
    a. **Status**: remains Pending until the client is active and the case is closed
    b. **Assessment Type**: per table above
    c. **Last Completed**: remains blank. Will auto populate when the form status equals Complete.
    d. **Data Entered By**: remains blank. Will auto populate.

10. From the **File** menu, select **Save and Close Forms**.

11. Proceed to the Create CARES Referral section.

View Last Step Completed

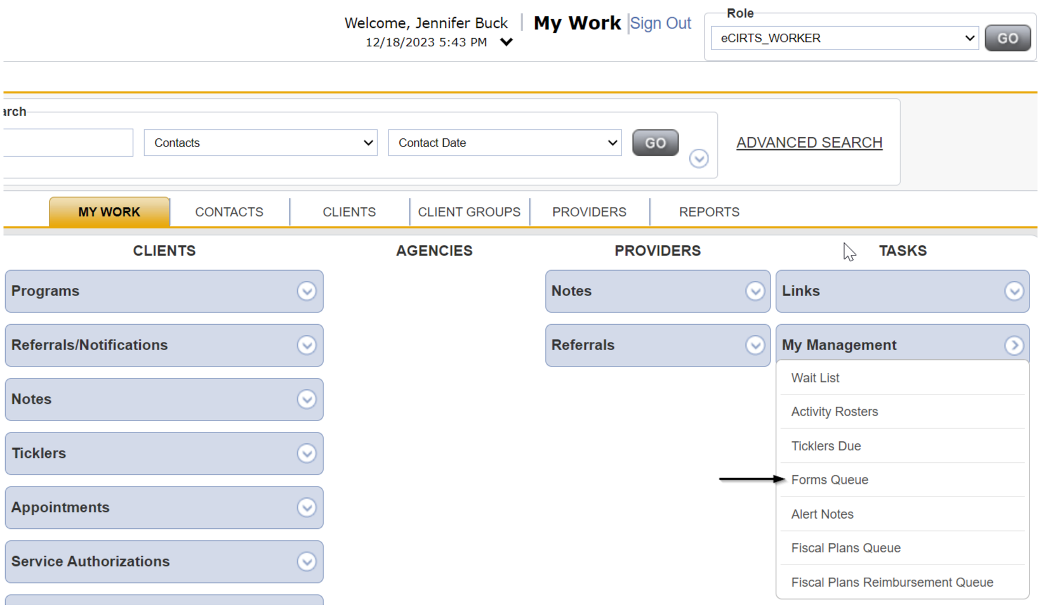
At any time, the eligibility specialist can keep track of their clients as they progress through the release process. The Assessment Type on the Medicaid Waiver Timeline Form is updated with the last step completed. The **My Work > Forms Queue** can be filtered to display the specialist's caseload by last step completed. The status of the Medicaid Waiver Timeline Form must be Pending to be visible in this queue.

- APS
- EMS Release
- 3008 Incomplete
- CARES Referral
- DCF Pending
- SSI/TXIX/LTC
- Financial Eligibility Pending
- Medicaid Eligibility Pending
- Medical Eligibility Pending

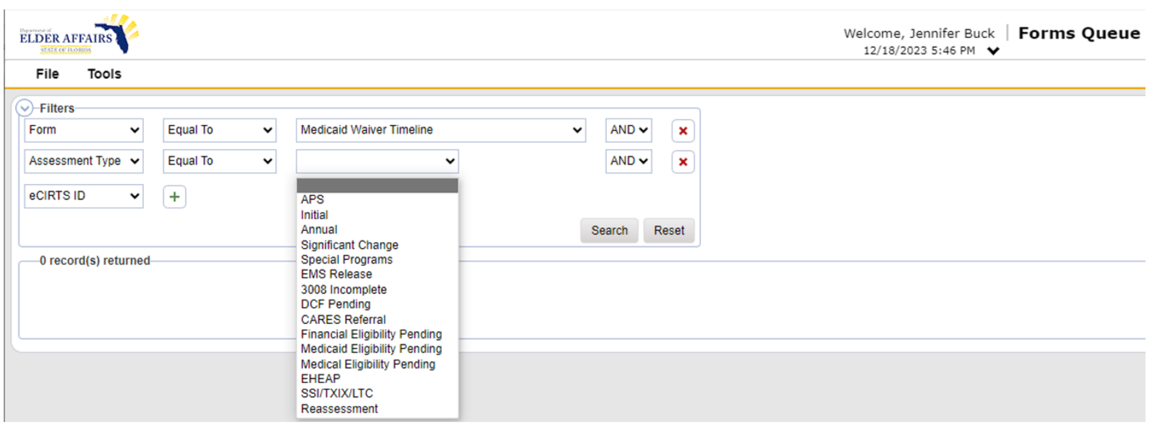
Role: **eCIRTS Worker**

1. Navigate to the **My Work** page.

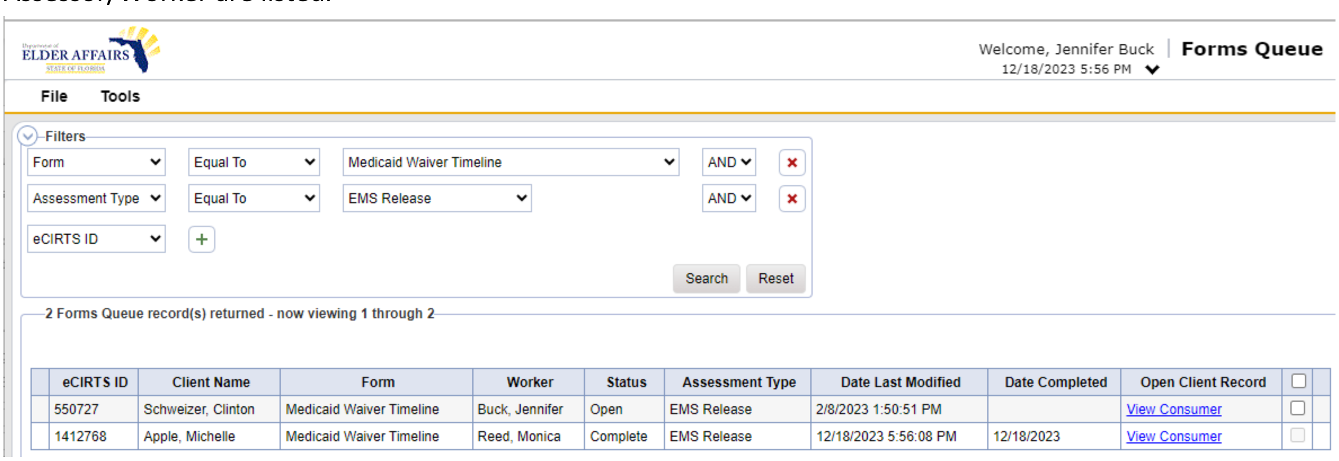
2. From the right side of the page, select **Tasks > My Management > Forms Queue**.



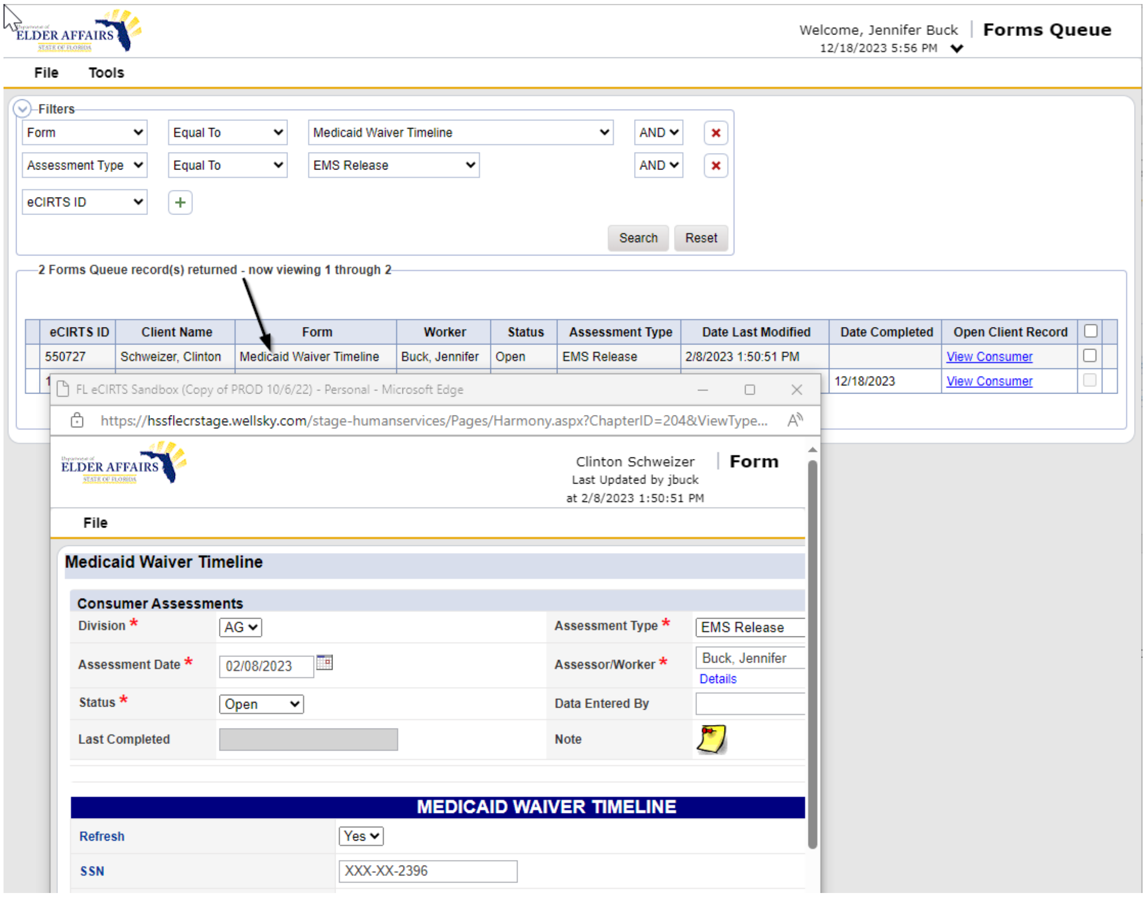
3. The Form queue displays. Update the following search filters:
    a. **Form**: Medicaid Waiver Timeline
    b. **Assessment Type**: Select the last step completed you wish to view.



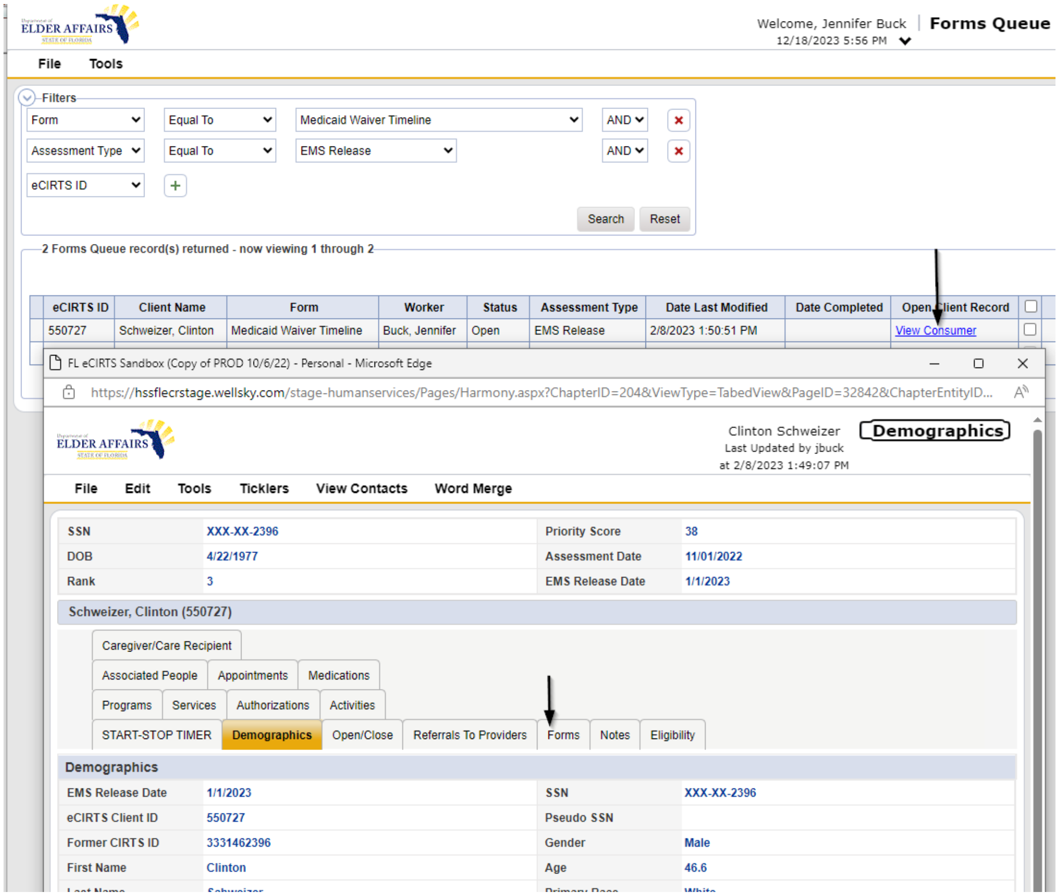
4. Select **Search**. A list of matching results is displayed. Medwaiver Timeline Forms on which you are the Assessor/Worker are listed.



5. Select the form from the list to open the Medicaid Waiver Timeline form for the client.



6. Select the **View Consumer** link instead if you want to open the full client record. Select the **Forms** tab to view the Medicaid Waiver Timeline.



Create CARES Referral

When the pre-research release tasks are complete and the client has been contacted and confirmed interest, the referral packet is considered complete, and the CARES referral can be made. The CARES referral will be made within eCIRTS. A separate email will no longer be needed.

Role: **eCIRTS Worker**

1. Navigate to the client's record. Select the **Programs** tab. A list of existing program enrollments is displayed. From the **File** menu, select **Add Program.** Update the following fields:
    a. **Division:** This system-required field will display AG and is read only.
    b. **Referred From:** select the referral source for this client.
    c. **Referral Date:** This date reflects when the referral to the program was made and defaults to today. It can be changed if needed. The other date fields on this page CANNOT be earlier than the Referral Date.
    d. **Program:** select CARES.
    e. **CARES PSA:** select the CARES PSA
    f. **Service:** leave blank.
    g. **Status:** select APPL Applicant
    h. **Status Effective Date:** This field reflects the status start date and will change each time the Status is changed. The [Track Status] subpage is very helpful for viewing a history of the statuses.

i. **Historical Start Date/Record Created Date:** This field is used to record when Program record was created. eCIRTS uses this date to enforce when a billing can begin under this program for the client.

j. **Enrollment Provider. Always Select Default Provider Worker:** Search for and select the CARES Generic Worker for your CARES PSA. Search by Last Name = CARES. Be specific. Select 2A or 2B.

Search by: Last Name Search Text: cares Search Cancel

19 record(s) returned

MEMBERID	Worker	Title	User ID Active
28592	CARES, PSA01 Generic Worker		No
28593	CARES, PSA02A Generic Worker		No
28617	CARES, PSA02B Generic Worker		No
28594	CARES, PSA03A Generic Worker		No
28618	CARES, PSA03B Generic Worker		No
28595	CARES, PSA04A Generic Worker		No
28619	CARES, PSA04B Generic Worker		No
28596	CARES, PSA05 Generic Worker		No
28597	CARES, PSA06A Generic Worker		No
28620	CARES, PSA06B Generic Worker		No
28598	CARES, PSA07A Generic Worker		No
28621	CARES, PSA07B Generic Worker		No
28620	CARES, PSA06B Generic Worker		No
28598	CARES, PSA07A Generic Worker		No
28621	CARES, PSA07B Generic Worker		No

k. **AHCA County:** this field is ready only but will be populated later by the interface for MLTC program record only.

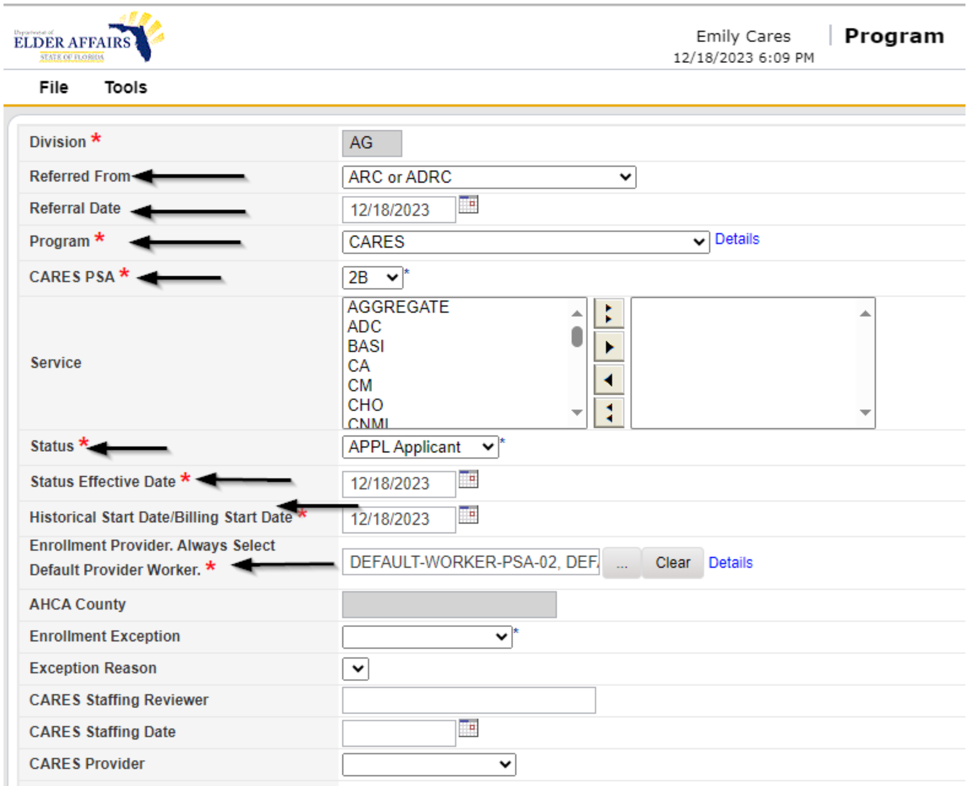
l. **Enrollment Exception:** This will be used to explain when an enrollment is added on an exception basis because the Client is under 60, for MLTC, for Nutrition or to record services after DOD. Leave this field blank if it does not apply.

m. **Exception Reason:** When an enrollment exception is selected, an exception reason should be selected.

n. **CARES Staffing Reviewer:** leave blank. This will be completed later by the CARES Assessor.

o. **CARES Staffing Date:** leave blank. This will be completed later by the CARES Assessor or stored procedure.

p. **CARES Provider:** leave blank. This will be completed later by the CARES Assessor.



2. From the **File** menu, select **Save and Close Program**.

3. The CARES Staff Assistant will be the next worker to update this case when reviewing the packet to ensure it's complete. Please see the CARES EMS Release Workflow Training Manual.

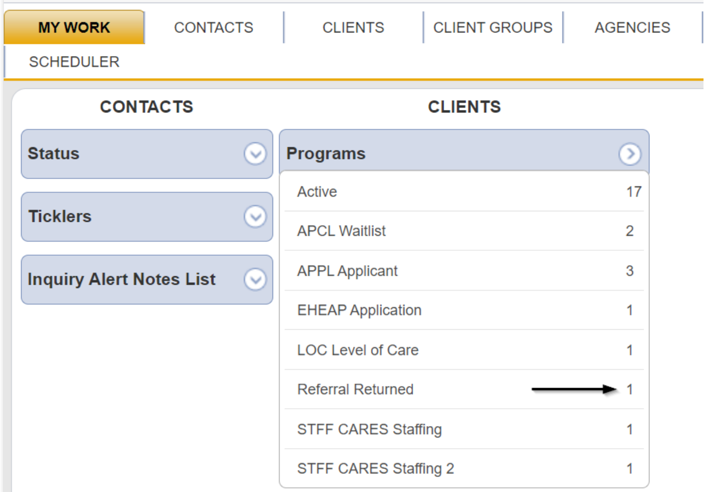
4. Proceed to the New LOC – Eligibility Forms section.

As Needed: Referral Packet Incomplete

In the previous section, the eligibility specialist added the CARES program record which serves as making the CARES Referral. Before a new referral is assigned to a CARES Assessor, the packet is reviewed for completeness. If there is something missing, the CARES Staff will request additional information from the eligibility specialist in eCIRTS by updating the status and reassigning the CARES program record back to the specialist. Once the missing information/documentation is obtained, the eligibility specialist will update the status on the CARES program record again and reassign it to the CARES staff.

Role: **eCIRTS Worker**

1. Eligibility specialists will be notified of a returned CARES referral by monitoring **My Work**. Returned referrals will be visible in the **My Work > Clients > Programs > Referral Returned** queue.



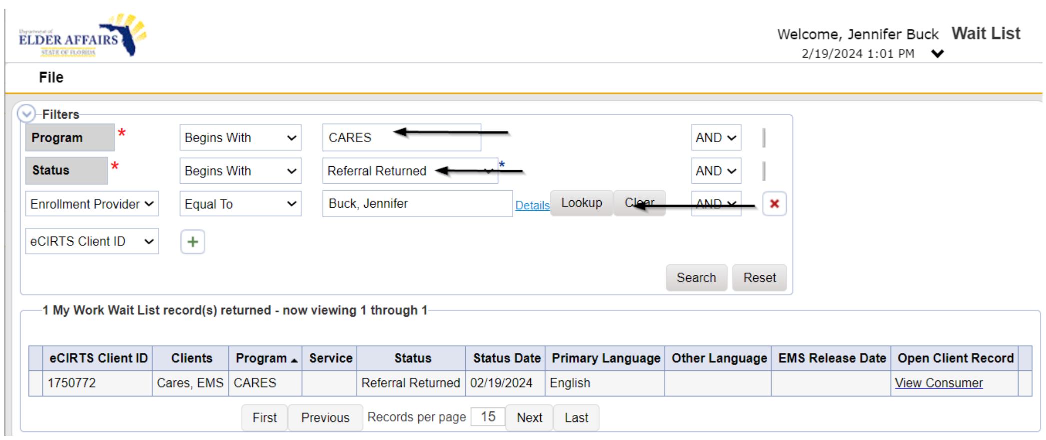
Note

Supervisors can view the returned referrals of their staff. This is done by updating the filters in the **My Work > Wait List** queue. Update the following filters:

Program begins with CARES.

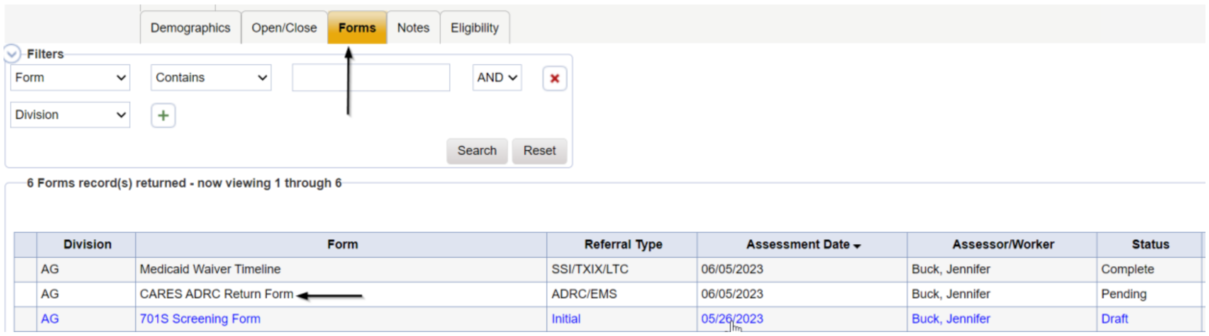
Status Begins with Referral Returned

Enrollment Provider Equal To: Search for and select the name of the specialist assigned to the returned referral.

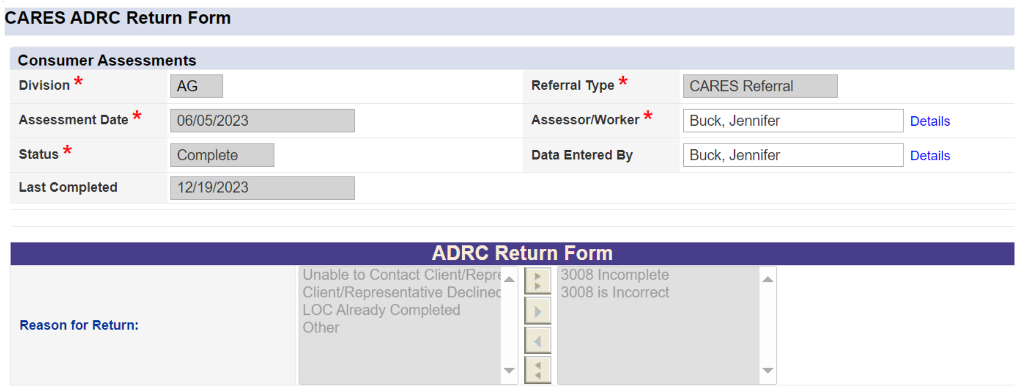


2. Each record in this queue needs to be reviewed and follow-up actions taken to obtain the missing information and/or documentation. Select the record from the list to open the full client record.

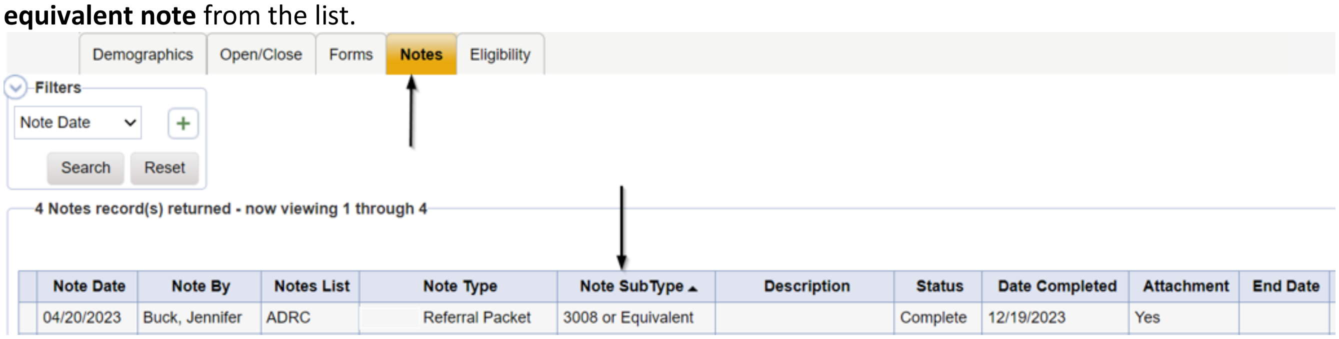
3. The CARES staff completed the *CARES ADRC Return Form* to document the missing information/documentation. The eligibility specialist will review it. Select the **Forms** tab. Select the completed **CARES ADRC Return Form** from the list.



4. Review the details in the form then close the form.



5. The eligibility specialist will add the missing information/documentation to the existing 3008 or equivalent note. Select the **Notes** tab. Select the completed **CARES Referral Packet > 3008 or equivalent note** from the list.

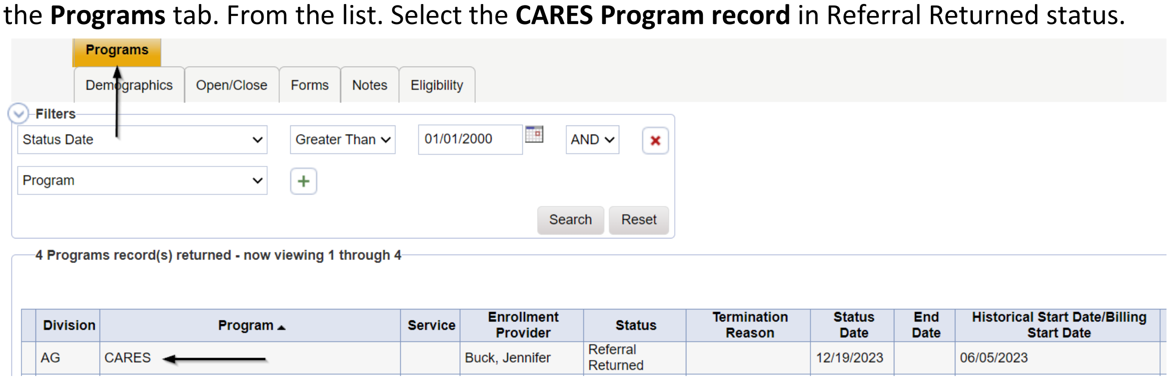


6. The Note details page displays. The note is in complete status and not editable. From the **File** menu, select **Unlock Record.**

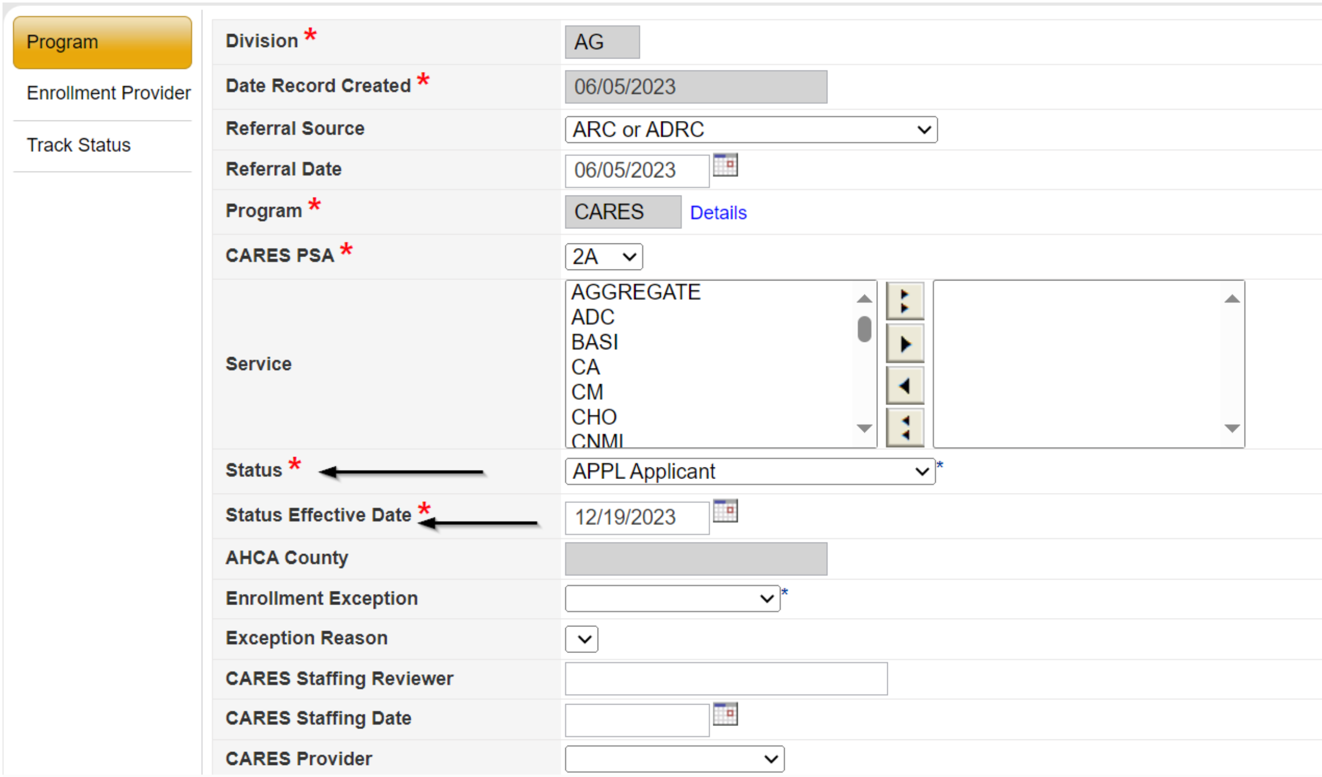
7. The page refreshes and the status of the note changes to Pending. Update the following fields:
   a. **Note**: Add an update about the provided information/documentation. Click **Append Text to Note**
   b. **Status**: Complete
   c. **Attachments**: attach the requested missing documentation if any
   d. **Note Recipient**: none needed.

8. From the **File** menu, select **Save and Close Notes**.

9. The eligibility will now update the CARES program record, assigning it back to the CARES staff. Select the **Programs** tab. From the list. Select the **CARES Program record** in Referral Returned status.

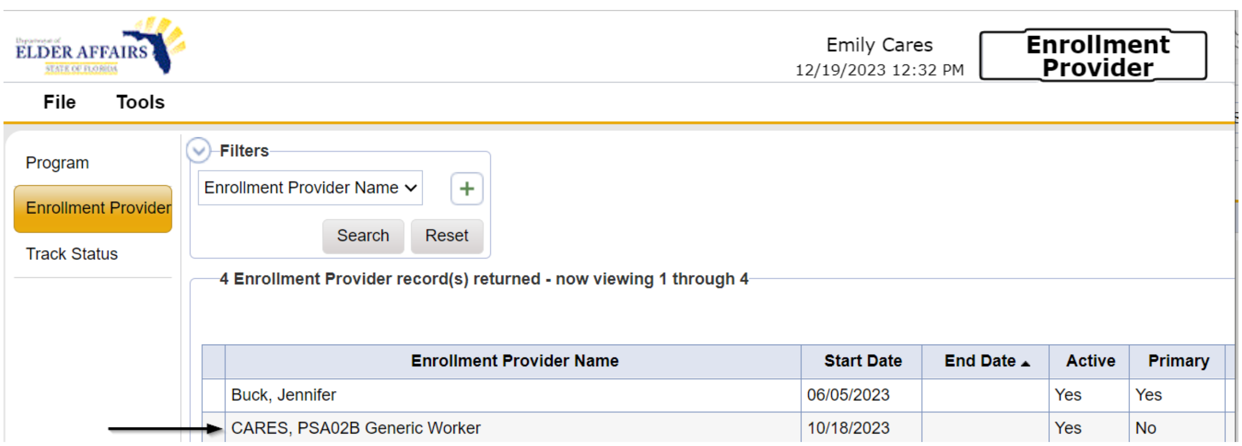


10. The Program details page displays. Update the following fields:
    a. **Status**: APPL Applicant
    b. Status Effective Date: Updates automatically when Status changes

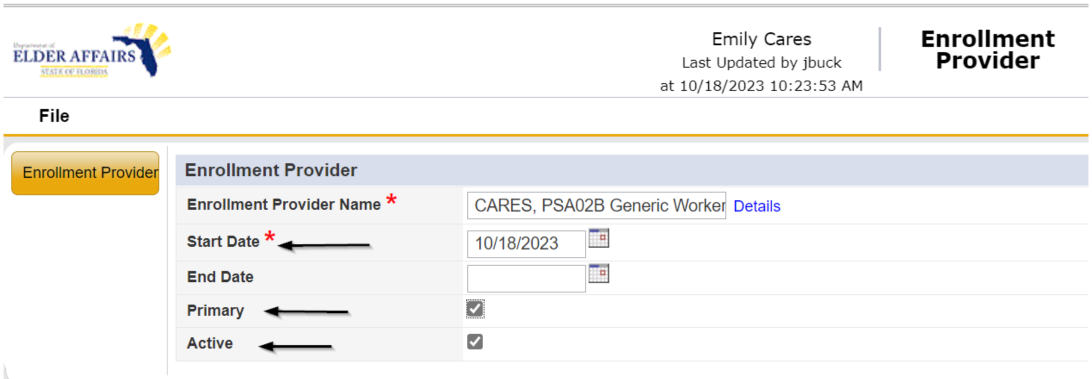


11. From the **File** menu, select **Save Program**. Do NOT select Save and Close Program.

12. This record needs to be reassigned back to CARES. Select the **Enrollment Provider subpage**. Select the **Generic CARES worker** from the list.



13. The Enrollment Provider details page displays. Update the following fields:
    a. **Start Date:** Update to today.
    b. **End Date**: leave blank.
    c. **Primary**: check this box
    d. **Active**: check this box.



14. From the **File** menu, select **Save and Close Enrollment Provider**.

15. The CARES Staff Assistant will be the next worker to update this case when reviewing the packet to ensure it's complete. Please see the CARES EMS Release Workflow Training Manual.

16. Proceed to the New LOC – Eligibility Forms section.

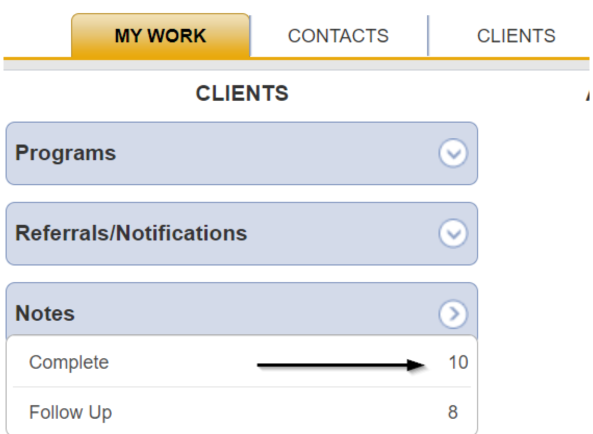
As Needed: Lost Contact – Close the Case

When a CARES referral has been made and the CARES Assessor is not able to contact the client to schedule the assessment, the CARES Assessor will notify the eligibility specialist to close the case via a note in eCIRTS.

Role: eCIRTS Worker

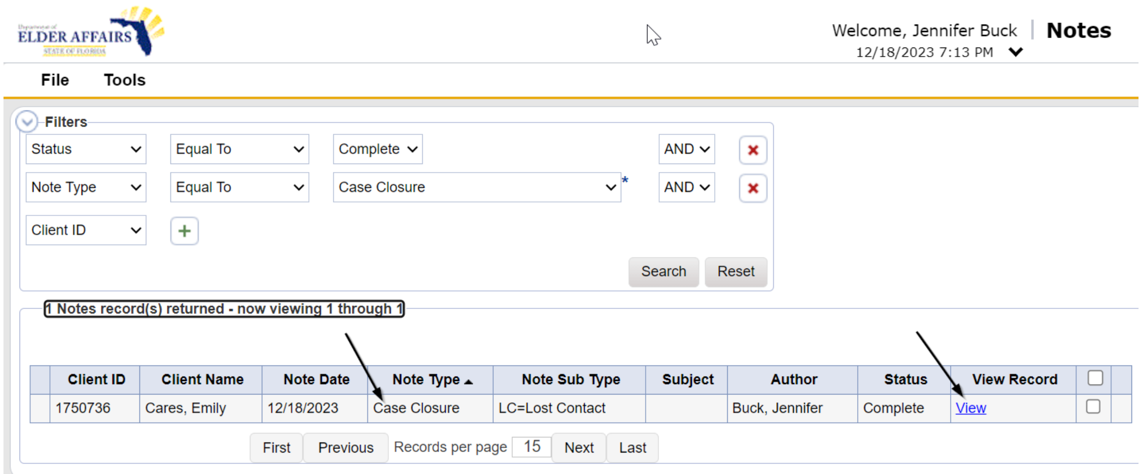
1. The eligibility specialist will view the note sent by the CARES Assessor from the **My Work** page.

2. Select the Clients > Notes > Complete queue.



3. Locate the note with the following information:
   a. **Note Type**: Case Closure
   b. **Note Sub Type**: LC=Lost Contact

4. Select the note from the list to view the note details. Select the **View** link to open the full client record.



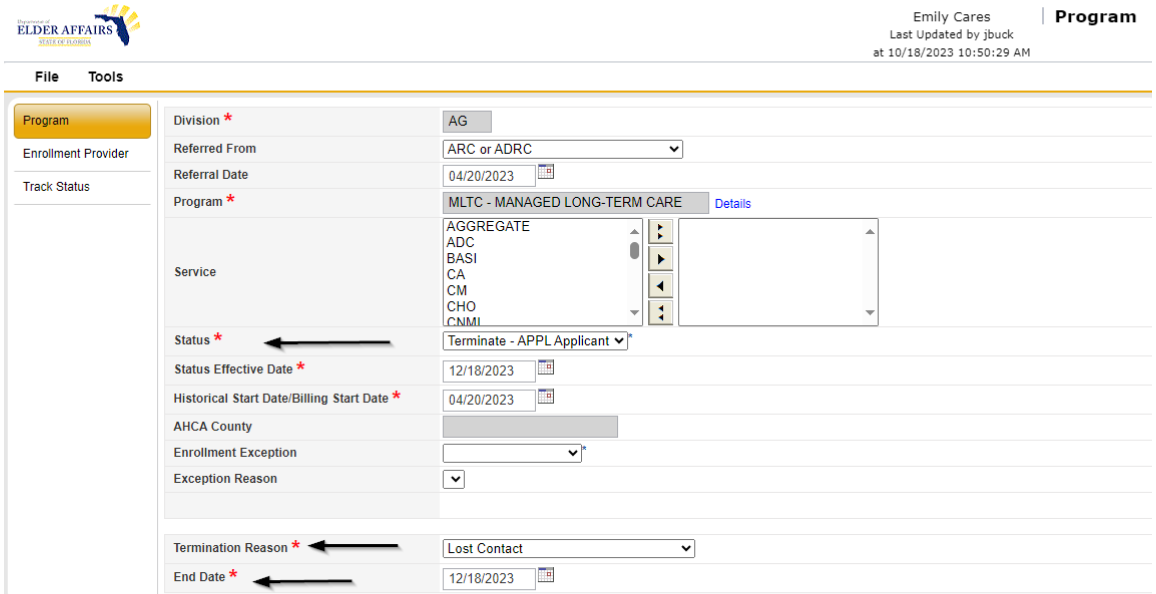
5. The eligibility specialist will also update and complete the Medicaid Waiver Timeline form. Navigate to the client's **Forms** tab. Select the open **Medicaid Waiver Timeline** form from the list.

6. Update any remaining questions in the form. Update the following fields in the header:
    a. **Status**: Complete
    b. **Data Entered By:** default to self. You cannot change it.
    c. **Last Completed**: defaults to today. You cannot change it.

7. From the **File** menu, select **Save and Close Forms.**

8. Finally, the eligibility specialist will close the MLTC program record. The CARES Assessor is responsible for closing the CARES program record. From the open client record, select the **Programs** tab. A list of program enrollments is displayed. Select the MLTC program record in APCL status. Update the following fields:
    a. **Status**: Terminate – APPL Applicant
    b. **Termination Reason**: Lost Contact

c. **End Date**: defaults to today



9. No changes are needed to the Enrollment Provider. That can remain the Generic

10. From the **File** menu, select **Save Programs.**

11. Select the **Enrollment Provider** subpage. Change the Enrollment Provider from yourself to the generic default worker for your PSA so this case no longer displays on your My Work page.

New Level of Care (LOC) – Eligibility Forms

After the CARES Referral is made, the eligibility specialist will wait for CARES to complete the staffing process and determine the Level of Care for the client before proceeding with the release process.

Daily, the eligibility specialist, or supervisor, will run the Level of Care (LOC) report from eCIRTS which lists cases where the staffing process has been completed and the LOC determinations made for the EMS releases. For each new LOC determination, the eligibility specialist will update the Med Waiver Timeline form for the client in eCIRTS, fax the 2515 HCBS Waiver Eligibility Certification form to DCF and document it was sent in a contact note in eCIRTS.

Role: eCIRTS Worker

1. Daily, each ADRC will run the Level of Care report from eCIRTS.

   NOTE

   You can also find a list of your clients that are pending LOC by using the Forms Queue. Search by Assessment Type = CARES Referral. See the View Last Step Completed section.

2. If the client is SSI, TXIX or LTC, update the Medicaid Waiver Timeline form. Navigate to the clients record and select the **Forms tab**. Select the Pending **Medicaid Waiver Timeline form** from the list. Update the following fields:

   a. **ASSESSOR/CM: Assessment date:**: enter the date or use the stored procedure to populate.

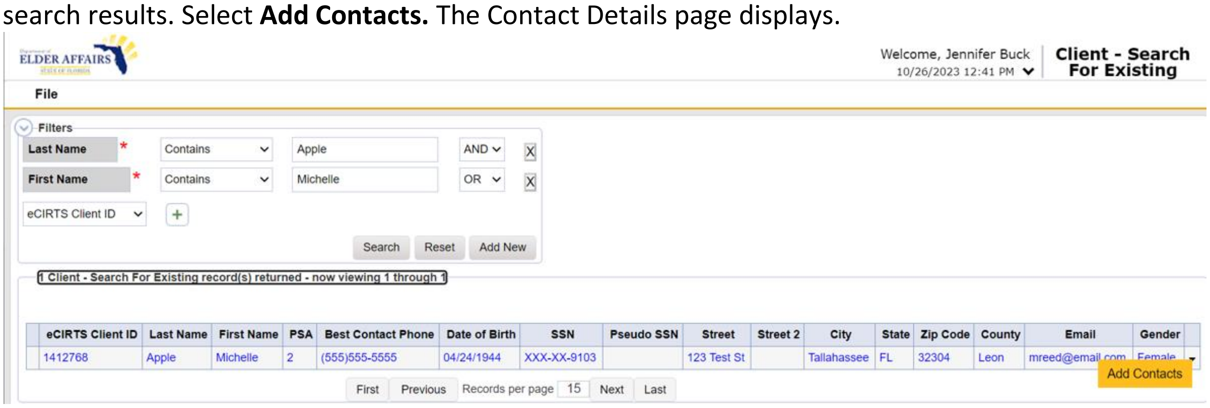
b. **Staffing Date**: enter the date or use the stored procedure to populate.
c. **Level of Care Effective Date**: enter the date or use the stored procedure to populate.
d. The remaining fields will be added later in the workflow and should remain blank for now.
e. In the header, keep the form status as Pending.
f. **Assessment Type:** SSI/TXIX/LTC

3. From the **File** menu, select **Save and Close Forms**. The eligibility specialist will update this record again once the client becomes [MLTC active](#).

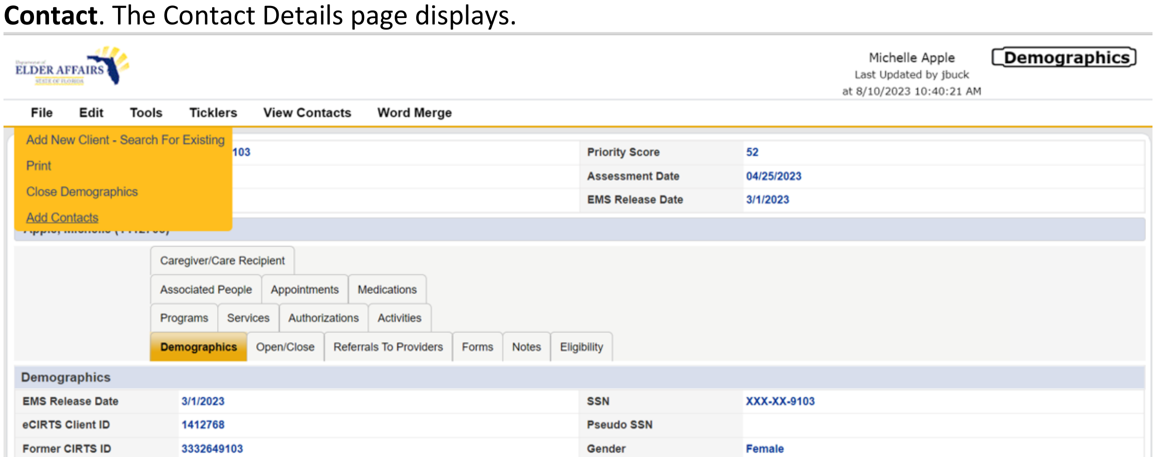
4. For each client on the report that is NOT SSI, TXIX or LTC, the assigned eligibility specialist will fax the 2515 (HCBS Waiver Eligibility Certification Form) to DCF outside of eCIRTS and document that it has been sent in a contact note in eCIRTS. DCF Determines financial eligibility and communicates to ACHA.

5. The eligibility specialist will first search for the existing client record.

6. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.



7. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



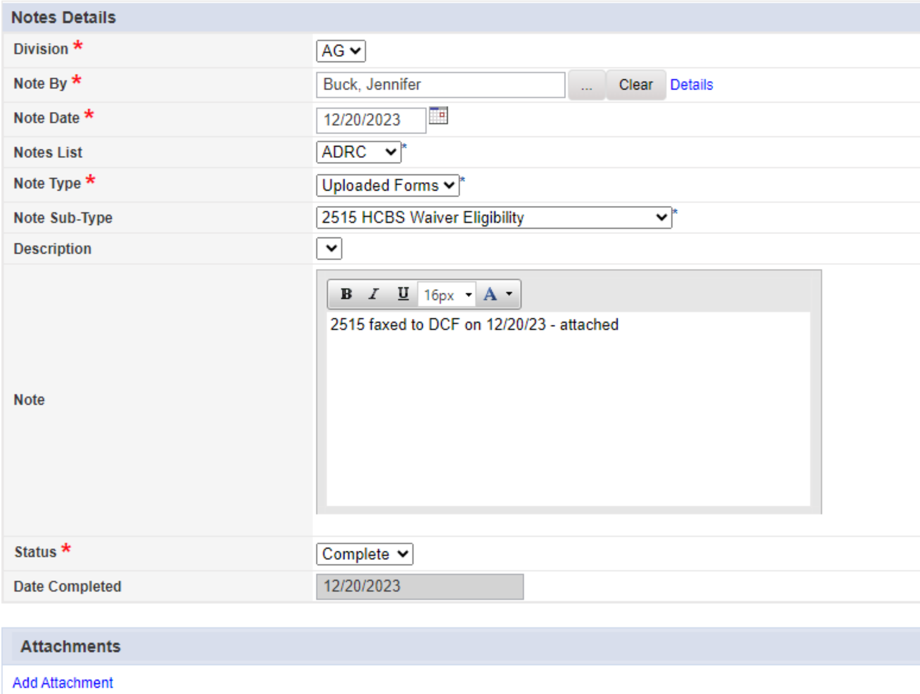
8. The Contact details page displays. Update the following fields:
    a. **Division**: Required. Defaults to AG as is read only.
    b. **Contact Date**: Required. defaults to today and is editable if needed.
    c. **Contact Time**: Required. defaults to now and is editable if needed.
    d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
    e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
    f. **Current Task**: Select Eligibility
    g. **Contact Method**: NA
    h. **Anonymous:** Leave blank
    i. **eCIRTS ID:** populates automatically and is read only.
    j. **Client First Name:** populates automatically.
    k. **Client Last Name:** populates automatically.
    l. **Call Back Phone:** populates automatically – update if needed.
    m. **Caller if other than Client:** leave blank.
    n. **Contact Type**: select SMMC LTCP – Eligibility
    o. **Short Summary:** Document the 2515 was sent to DCF. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    p. **Notes:** leave blank. Will be updated later in the workflow.
    q. **Contact Marker**: leave blank.
    r. **SNAP Submittal Date**: leave blank.
    s. **Reason for Contact:** Medicaid Eligibility
    t. **Referral Type:** leave blank.
    u. **701S Appointment Date:** leave blank.
    v. **Unmet Needs Reason:** leave blank.
    w. **Assigned To**: defaults to self. Can remove value or leave as is.
    x. **Screener**: leave blank
    y. **Contact Status**: Complete
    z. **Duration**: will automatically populate after the record is saved.
    aa. **Client Primary Language**: leave blank.
    bb. **Other Language**: leave blank.
    cc. **Follow Up Date:** leave blank.
    dd. **Screening Referral Created Date:** leave blank.

9. From the **File** menu, select **Save and Close Contact**.

10. OPTIONAL: Some PSAs save a copy of the 2515 form as an attachment to a note in eCIRTS. Documentation for a client is housed on the Client > Notes tab. From the open client record, select the **Notes** tab. From the **File** menu, select **Add Note.** The Note Details page displays. Update the following fields:
    a. **Division:** Will default to AG
    b. **Note By:** Will default to the user creating the Note.
    c. **Note Date:** Will default to today.
    d. **Note Type:** Uploaded Forms
    e. **Note Sub-Type:** Select 2515 HCBS Waiver Eligibility
    f. **Description:** leave blank
    g. **Note:** enter any additional notes
    h. **Status:** Select Complete
    i. **Date Completed:** When the Note Status equals Complete, the Date Completed field populates automatically and is read only.

j. **Attachments:** attach a copy of the 2515 HCBS Waiver Eligibility Certification form to the note

k. **Recipients:** NA



11. From the **File** menu, select **Save and Close Notes**.

12. Once the 2515 is sent, the eligibility specialist will also update the [Medicaid Waiver Timeline form](). Navigate to the client record and select the **Forms** tab.

13. Select the existing **Medicaid Waiver Timeline** form from the list. Update the following fields:
    a. **701B Completed**: enter the date or use the stored procedure to populate.
    b. **LOC Staffing Date**: enter the date or use the stored procedure to populate.
    c. **2515 & LOC to DCF Date**: enter the date.
    d. The remaining fields will be added later in the workflow and should remain blank for now.
    e. In the header, keep the form status as Pending.
    f. **Assessment Type:** DCF Pending

14. From the **File** menu, select **Save and Close Forms**.

15. Once AHCA has the LOC and program recommendation information from CIRTS and the financial eligibility information from DCF, AHCA will provide the MTLC active dates two to three times a month via the 'MLTC file.'

16. Proceed to the Medicaid Active – Close the Case section.

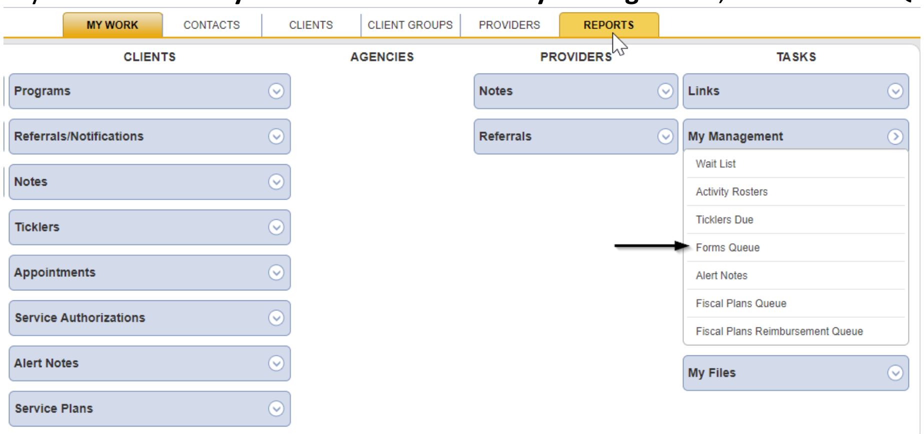
Medicaid Active - Close the Case

Once the client is active for MLTC, the MCO providers will manage the client's case and complete the annual assessment with the CARES staff. The eligibility specialist will close the loop with the client once they become active but will not have a role in the annual review process.

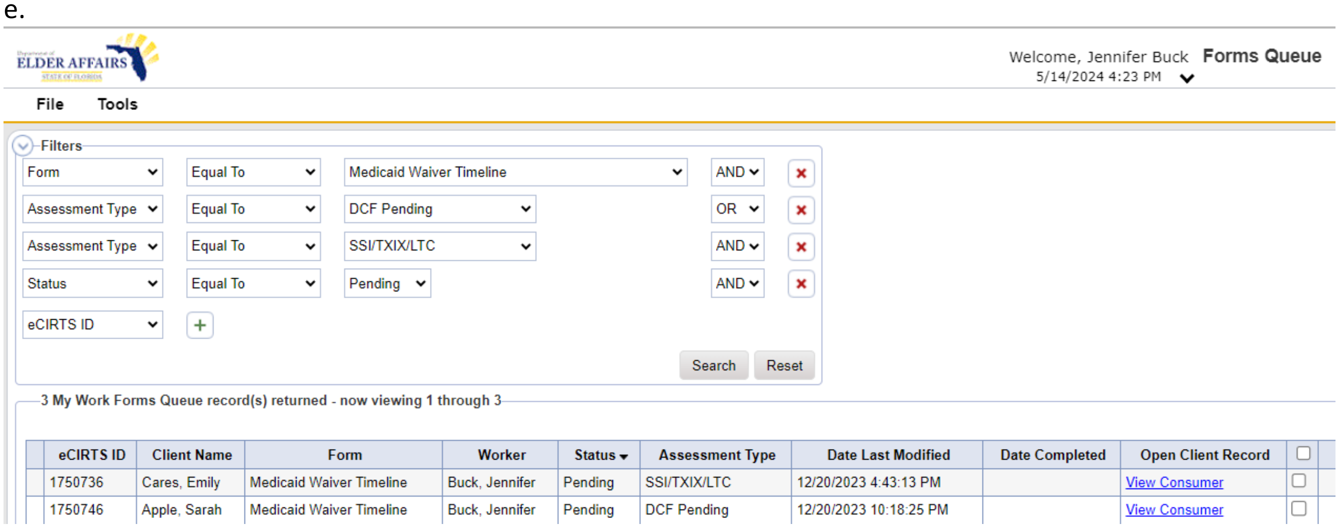
Role: eCIRTS Worker

1. When the MLTC file from AHCA is imported, the client's MLTC or PACE program record will be added/updated. The status will be active, and the Medicaid plan information will be listed under the Enrollment Provider tab. If the client's name, SSN or Medicaid ID has been updated in the MLTC interface file, the client's data will also be updated in eCIRTS on the Demographic page.

2. The eligibility specialist can use reports and/or monitor their caseload for those that are MLTC active on My Work. Select **My Work**. Under **Tasks > My Management**, select **Forms Queue**.

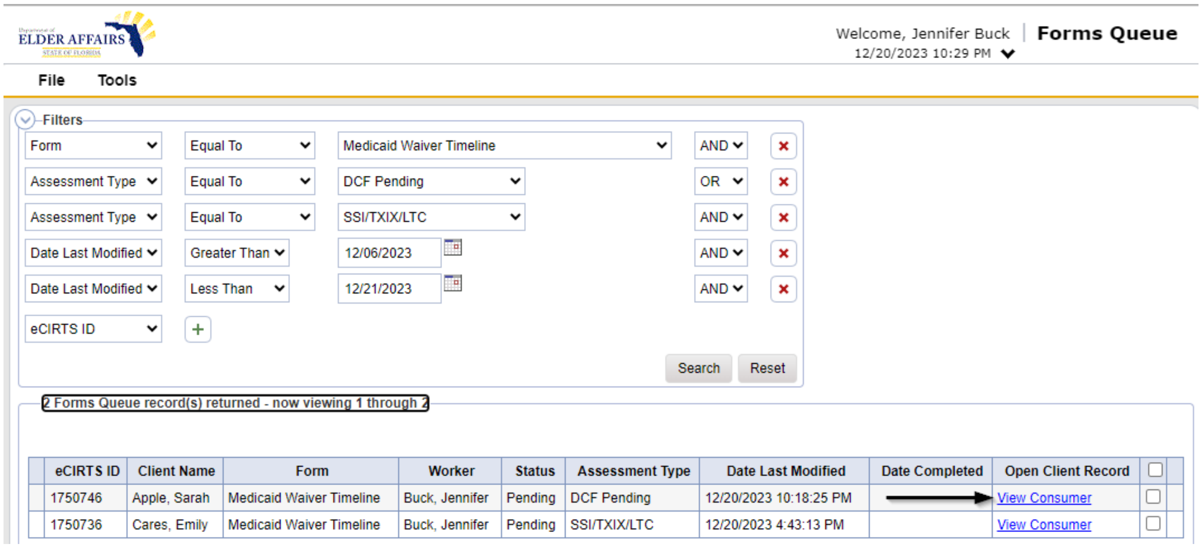


3. The Forms queue displays. Update the following search filters:
   a. **Form:** Medicaid Waiver Timeline AND
   b. **Assessment Type**: DCF Pending OR
   c. **Assessment Type**: SSI/TXIX/LTC AND
   d. **Status**: Pending
   e.

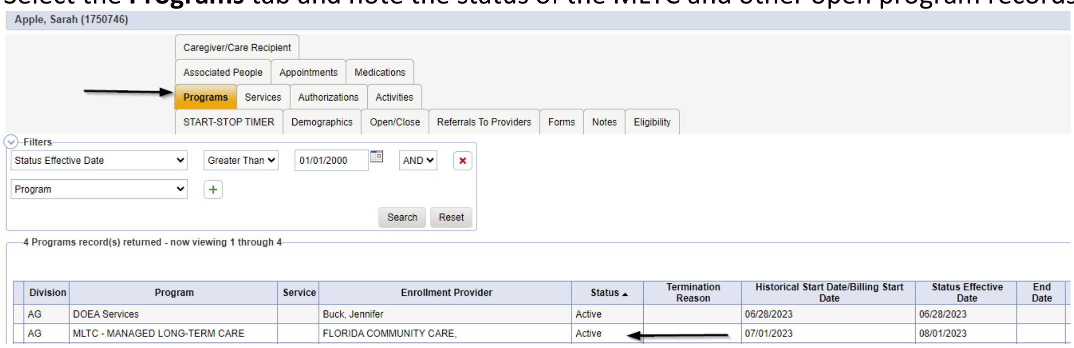


4. A list of clients that were DCF Pending or SSI/TXIX/LTC the last time you updated the Medicaid Waiver Timeline form are listed. Select the **Date Last Modified** column to sort the list of forms in ascending order, to see the oldest first. Since the MLTC file from AHCA is imported every two weeks, it's likely the clients on this list are now MLTC active. You can check by Clicking the **View Consumer link** to open the

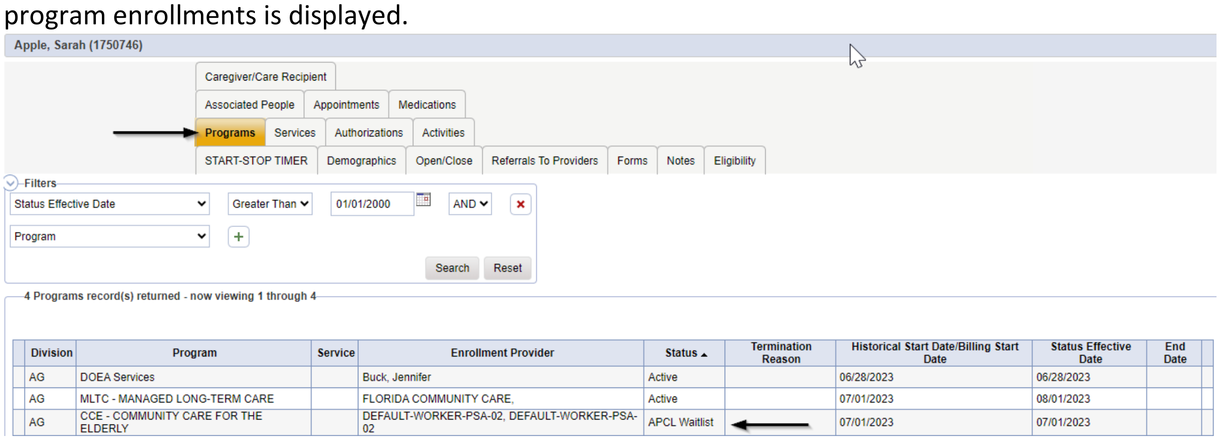
full client record.



5. Select the **Programs** tab and note the status of the MLTC and other open program records.



6. The eligibility specialist may need to update the status of one or more of the program records for the client now that the client MLTC active. From the open client record, select the **Programs** tab. A list of program enrollments is displayed.



7. Select the program record that needs to be terminated. The Program details page displays. Update the following fields:
    a. **Status**: Terminate – Active, Terminate - APPL Applicant, or Terminate – APCL Waitlist
    b. **Termination Reason**: Moved to Managed Long Term Care
    c. **End Date**: populates to today. Update if needed.

8. From the **File** menu, select **Save and Close Programs**. You do NOT need to update the worker on the Enrollment Provider subpage.

NOTE

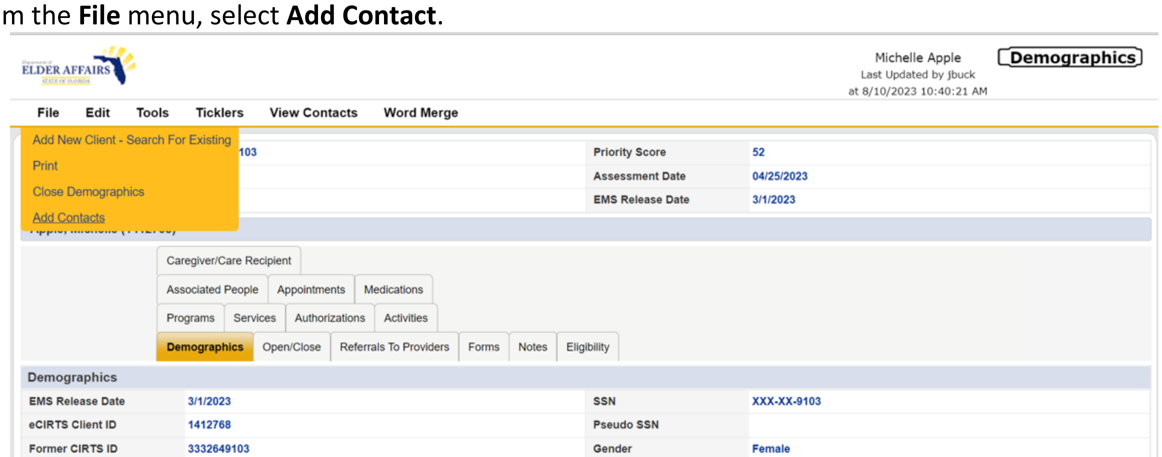
The ADRCs can run the following reports in eCIRTS to identify enrollments that need to be terminated for the newly active clients.

a. MLTC Enrollees Receiving Services in Another Program
b. ACTV PACE Clients who are ACTV, APPL or APCL in Another Program
c. Active MLTC Clients Who are ACTV, APCL or APPL in Another Program
d. Clients who are ACTV, APCL or APPL in the same program multiple times
e. ACTV, APPL, APCL Clients who have moved to Another PSA

9. The eligibility specialist will complete the Medicaid Waiver Timeline form. Navigate to the clients record and select the **Forms tab**. Select the Pending **Medicaid Waiver Timeline form** from the list. Update the following fields:
   a. **Medicaid Approved/Denied Date:** enter the date.
   b. **APPL End Date**: enter the date or use the stored procedure to populate.
   c. **APPL Termination Reason:** enter the reason or use the stored procedure to populate.
   d. **ACTV Start Date:** enter the date or use the stored procedure to populate.
   e. In the header, change the form status to Complete.
   f. **Assessment Type:** remains DCF Pending or SSI/TXIX/LTC. Some PSAs may choose to change it back to EMS Release.

10. From the **File** menu, select **Save and Close Forms**. The process is complete.

11. OPTIONAL: The eligibility specialist may contact the client to confirm all needs are met. If this is done the eligibility specialist will add a contact note in eCIRTS. Navigate to the client's **Demographics tab**. From the **File** menu, select **Add Contact**.



12. The Contact details page displays. Update the following fields:
    a. **Division**: Required. Defaults to AG as is read only.
    b. **Contact Date**: Required. defaults to today and is editable if needed.
    c. **Contact Time**: Required. defaults to now and is editable if needed.
    d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
    e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
    f. **Current Task**: Select Eligibility
    g. **Contact Method**: NA
    h. **Anonymous:** Leave blank
    i. **eCIRTS ID:** populates automatically and is read only.
    j. **Client First Name:** populates automatically.
    k. **Client Last Name:** populates automatically.
    l. **Call Back Phone:** populates automatically – update if needed.
    m. **Caller if other than Client:** leave blank.
    n. **Contact Type**: select SMMC LTCP – Eligibility
    o. **Short Summary:** Document the closure of the case. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    p. **Notes**: This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    q. **Contact Marker**: leave blank.
    r. **SNAP Submittal Date**: leave blank.
    s. **Reason for Contact:** Medicaid Eligibility
    t. **Referral Type:** leave blank.
    u. **701S Appointment Date:** leave blank.
    v. **Unmet Needs Reason:** leave blank.
    w. **Assigned To**: defaults to self. Can remove value or leave as is.
    x. **Screener**: leave blank
    y. **Contact Status**: Complete
    z. **Duration**: will automatically populate after the record is saved.
    aa. **Client Primary Language**: leave blank.
    bb. **Other Language**: leave blank.
    cc. **Follow Up Date:** leave blank.
    dd. **Screening Referral Created Date:** leave blank.

13. From the **File** menu, select **Save and Close Contact**. The process is complete.

APS to ALF Referral

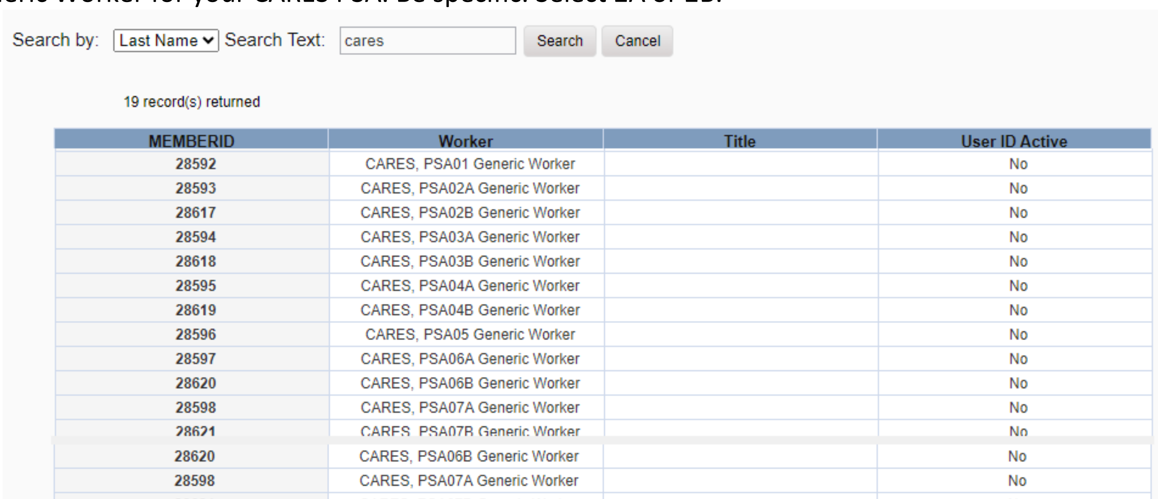
APS to ALF referrals are received by the eligibility specialist via email when a client is removed from his/her home and placed in an ALF. These cases will be handled as high priority. The eligibility specialist will complete a subset of the steps for an EMS Release:

Role: eCIRTS Worker

1. Eligibility specialist will be assigned to the case outside of eCIRTS.

2. The person making the assignment or the eligibility specialist him/herself, will create the MLTC program record. Navigate to the client's record. From the open client record, select the **Programs** tab. From the **File** menu, select **Add Program**.

3. The program details page displays. Update the following fields:
   a. **Division:** This system-required field will display AG and is read only.
   b. **Referred From:** select the referral source for this client.
   c. **Referral Date:** This date reflects when the referral to the program was made and defaults to today. It can be changed if needed. The other date fields on this page CANNOT be earlier than the Referral Date.
   d. **Program:** select MLTC.
   e. **Service:** leave blank.
   f. **Status:** select APPL Applicant
   g. **Status Effective Date:** This field reflects the status start date and will change each time the Status is changed. The [Track Status](#) subpage is very helpful for viewing a history of the statuses.
   h. **Historical Start Date/Record Created Date:** This field is used to record when Program record was created. eCIRTS uses this date to enforce when a billing can begin under this program for the client.
   i. **Enrollment Provider. Always Select Default Provider Worker:** Search for and select the CARES Generic Worker for your CARES PSA. Be specific. Select 2A or 2B.

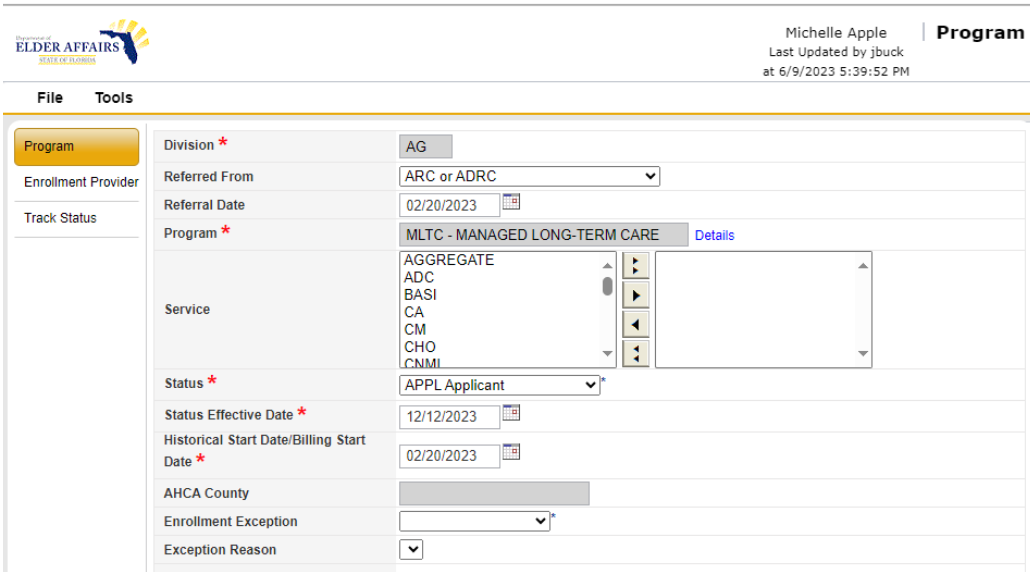


Search by: Last Name Search Text: cares Search Cancel

19 record(s) returned

MEMBERID	Worker	Title	User ID Active
28592	CARES, PSA01 Generic Worker		No
28593	CARES, PSA02A Generic Worker		No
28617	CARES, PSA02B Generic Worker		No
28594	CARES, PSA03A Generic Worker		No
28618	CARES, PSA03B Generic Worker		No
28595	CARES, PSA04A Generic Worker		No
28619	CARES, PSA04B Generic Worker		No
28596	CARES, PSA05 Generic Worker		No
28597	CARES, PSA06A Generic Worker		No
28620	CARES, PSA06B Generic Worker		No
28598	CARES, PSA07A Generic Worker		No
28621	CARES, PSA07B Generic Worker		No
28620	CARES, PSA06B Generic Worker		No
28598	CARES, PSA07A Generic Worker		No
28621	CARES, PSA07B Generic Worker		No

   j. **AHCA County:** this field is ready only but will be populated later by the interface for MLTC program record only.
   k. **Enrollment Exception:** This will be used to explain when an enrollment is added on an exception basis because the Client is under 60, for MLTC, for Nutrition or to record services after DOD. Leave this field blank if it does not apply.
   l. **Exception Reason:** When an enrollment exception is selected, an exception reason should be selected.



4. From the **File** menu, select **Save and Close Programs**.

5. The eligibility specialist obtains the 3008 or equivalent from the APS/API or the ALF worker.

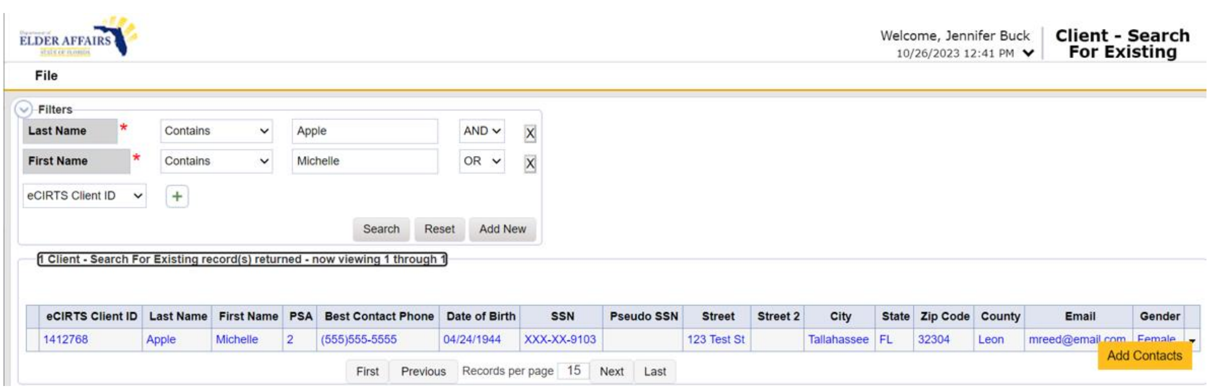
6. The eligibility specialist creates the Medicaid Waiver Timeline form.

7. The eligibility specialist Creates the CARES Referral.

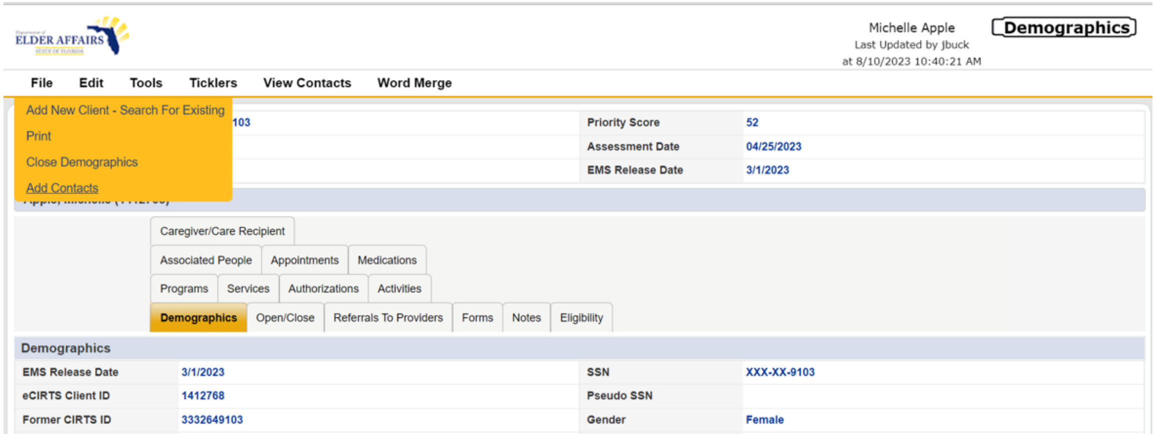
8. The eligibility specialist adds a contact note in eCIRTS summarizing the completion of the referral tasks.

9. The eligibility specialist will first search for the existing client record.

10. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.



11. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



12. The Contact details page displays. Update the following fields:
    a. **Division**: Required. Defaults to AG as is read only.
    b. **Contact Date**: Required. defaults to today and is editable if needed.
    c. **Contact Time**: Required. defaults to now and is editable if needed.
    d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
    e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
    f. **Current Task**: Select Eligibility
    g. **Contact Method**: Required. defines how the contact was made.
    h. **Anonymous:** Leave blank
    i. **eCIRTS ID:** populates automatically and is read only.
    j. **Client First Name:** populates automatically.
    k. **Client Last Name:** populates automatically.
    l. **Call Back Phone:** populates automatically – update if needed.
    m. **Caller if other than Client:** leave blank.
    n. **Relationship:** leave blank
    o. **Contact Type**: select SMMC LTCP – Eligibility
    p. **Short Summary:** brief details about the completion of the tasks above. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    q. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    r. **Contact Marker**: leave blank.
    s. **SNAP Submittal Date**: leave blank.
    t. **Reason for Contact:** Medicaid Eligibility
    u. **Referral Type:** APS to ALF
    v. **701S Appointment Date:** leave blank.
    w. **Unmet Needs Reason:** leave blank.
    x. **Assigned To**: defaults to self. Can remove value or leave as is.
    y. **Screener**: leave blank
    z. **Contact Status**: Complete
    aa. **Duration**: will automatically populate after the record is saved.
    bb. **Client Primary Language**: leave blank. This field is used when the screening referral from the Helpline is created.
    cc. **Other Language**: leave blank. This field is used when the screening referral from the Helpline is created.
    dd. **Follow Up Date:** leave blank.
    ee. **Screening Referral Created Date:** leave blank.

13. From the **File** menu, select **Save and Close Contact**.

Regaining Eligibility

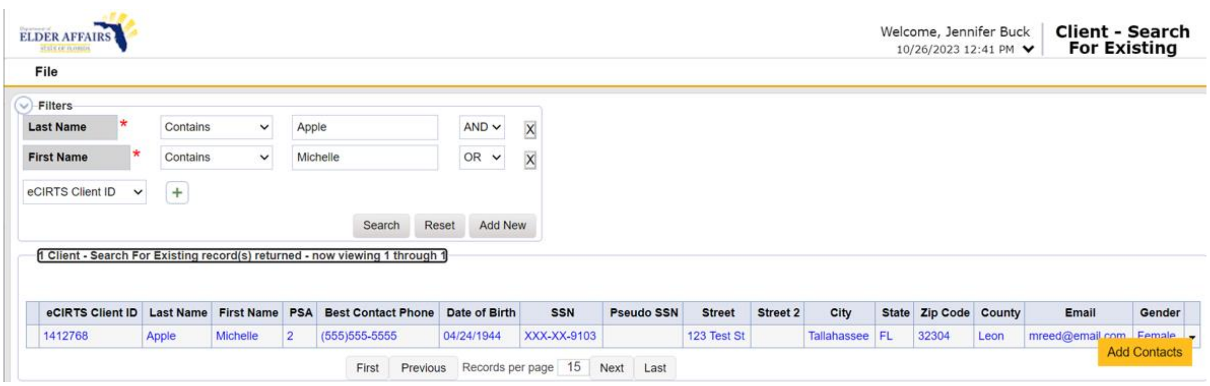
Some cases assigned to eligibility specialists are clients who are regaining eligibility. Eligibility specialists provide Medicaid application assistance to these clients mostly outside of eCIRTS but will document their actions taken with the client in eCIRTS contact notes.

Role: eCIRTS Worker

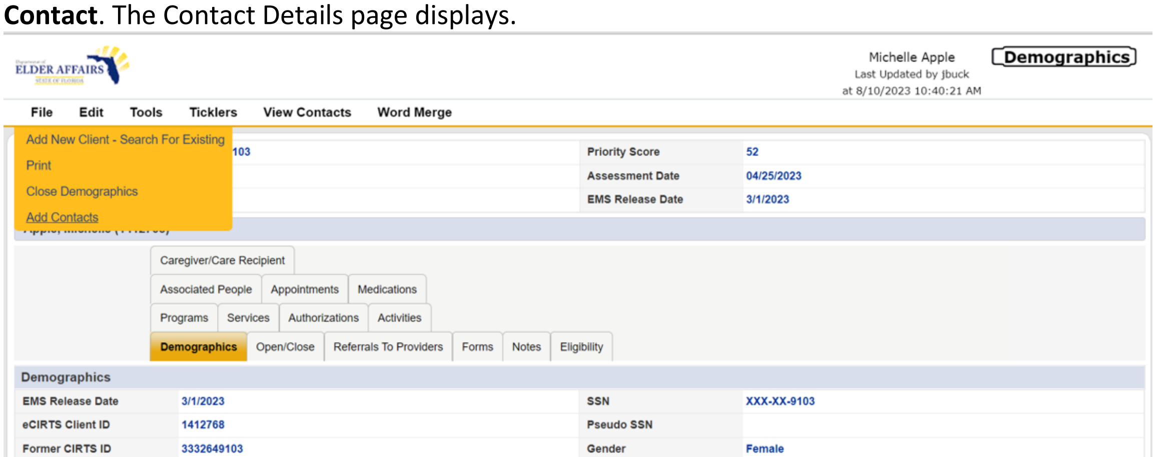
1. The eligibility specialist will call the client and walk them through the process of completing the paper application. The specialist will document the contact on a contact record in eCIRTS.

2. The eligibility specialist will first search for the existing client record.

3. From the existing client search results, select the flyout menu to the right of the client's name in the search results. Select **Add Contacts.** The Contact Details page displays.

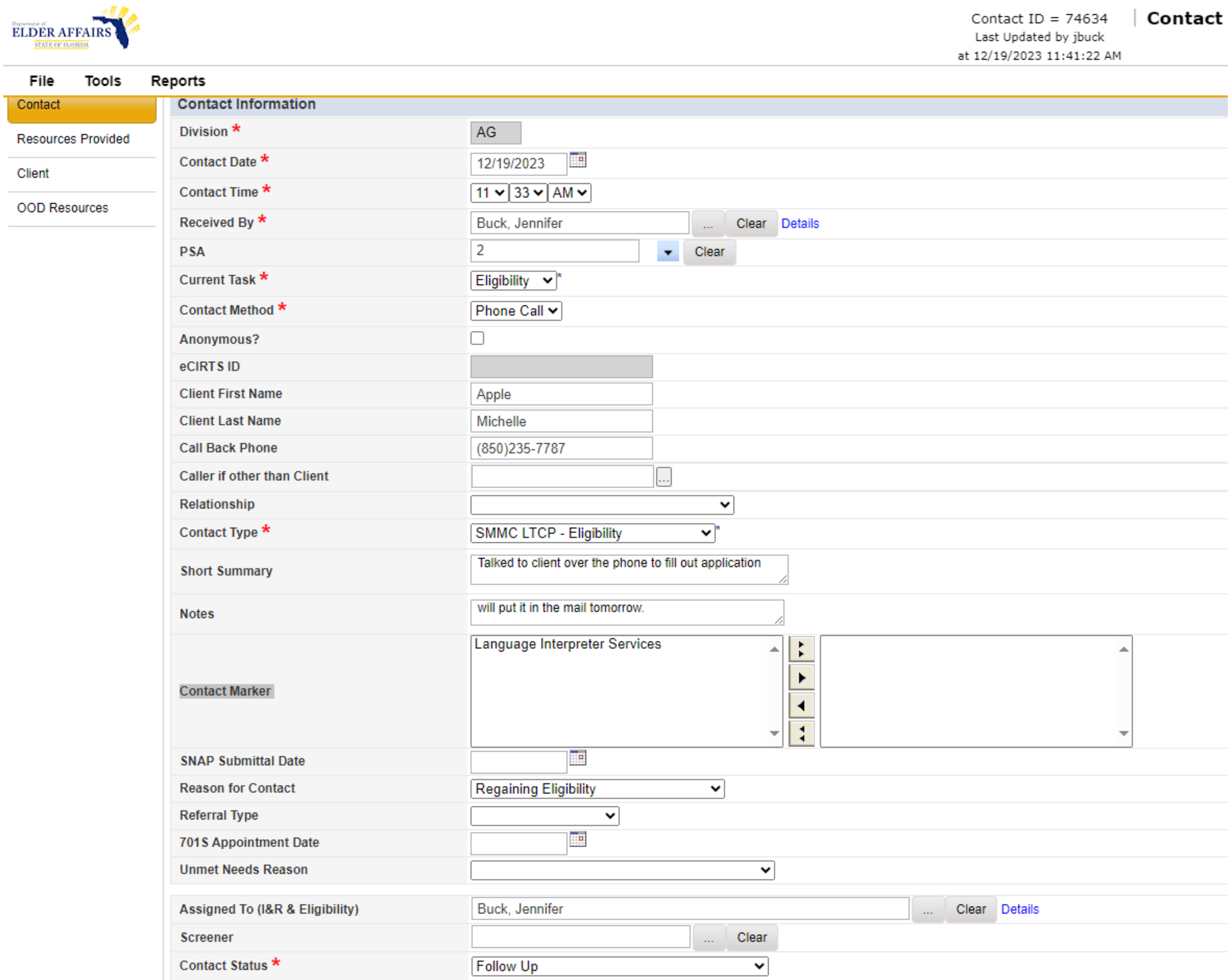


4. Or, with the client record already open, select the **Demographics** tab. From the **File** menu, select **Add Contact**. The Contact Details page displays.



5. The Contact details page displays. Update the following fields:
   a. **Division**: Required. Defaults to AG as is read only.
   b. **Contact Date**: Required. defaults to today and is editable if needed.

c. **Contact Time**: Required. defaults to now and is editable if needed.
d. **Received By**: Required. defaults to the eligibility specialist adding the contact record.
e. **PSA**: Required. Select your PSA from the list or populated by Stored Procedure
f. **Current Task**: Select Eligibility
g. **Contact Method**: Required. defines how the contact was made.
h. **Anonymous:** Leave blank
i. **eCIRTS ID:** populates automatically and is read only.
j. **Client First Name:** populates automatically.
k. **Client Last Name:** populates automatically.
l. **Call Back Phone:** populates automatically – update if needed.
m. **Caller if other than Client:** leave blank.
n. **Relationship:** leave blank
o. **Contact Type**: select SMMC LTCP – Eligibility
p. **Short Summary:** brief details about the contact with the client to complete the application. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
q. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
r. **Contact Marker**: leave blank.
s. **SNAP Submittal Date**: leave blank.
t. **Reason for Contact:** Regaining Eligibility
u. **Referral Type:** leave blank.
v. **701S Appointment Date:** leave blank.
w. **Unmet Needs Reason:** leave blank.
x. **Assigned To**: search for and select your name if not already selected.
y. **Screener**: leave blank
z. **Contact Status**: Follow Up
aa. **Duration**: will automatically populate after the record is saved.
bb. **Client Primary Language**: leave blank. This field is used when the screening referral from the Helpline is created.
cc. **Other Language**: leave blank. This field is used when the screening referral from the Helpline is created.
dd. **Follow Up Date:** enter a date you want to be prompted to follow up.
ee. **Screening Referral Created Date:** leave blank.



6. From the **File** menu, select **Save and Close Contact.**

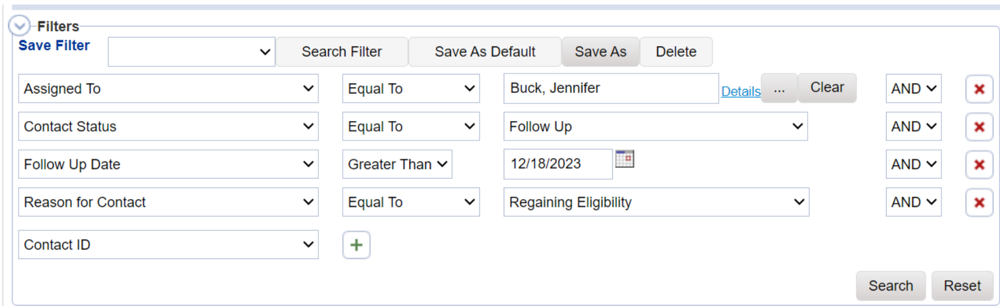
7. If the client is filling out the application, the eligibility specialist's job is done for now. The client will sign the completed application and return it to the specialist. The eligibility specialist will fax the signed application and requested verifications to DCF and update the existing contact record.

8. If the eligibility specialist filled out the application for the client over the phone, the specialist will mail the completed application to the client for signature. The client will sign the completed application and return it to the specialist. The eligibility specialist will fax the signed application and requested verifications to DCF and update the existing contact record.

9. This contact can be tracked on the **Contacts queue** because it will be updated when the application is received from the client. Use the following search filters:
    a. **Assigned To:** search for and select your name if not already selected.
    b. **Contact Status**: Follow Up
    c. **Reason for Contact**: Regaining Eligibility
    d. **Follow Up Date**: enter date parameters.

Note

Recommend creating a user saved filter to list all regaining eligibility cases that require follow up. The next time you use the Contact queue, you can select your saved Filter from the list and click **Search Filter**. This will populate the search filters, saving you time from looking them up again.



10. Click **Search**.

11. Select the Regaining Eligibility contact record created in step 1 from the list. The contact details page displays. Update the following fields:
    a. **Contact Type:** remains SMMC LTCP – Eligibility
    b. **Reason for Contact**: remains Regaining Eligibility
    c. **Short Summary:** brief details about receiving application and faxing to DCF. Should be limited to 2-3 sentences. This field is visible on the Contact queue.
    d. **Notes:** This field is unlimited and does not display on the Contact queue. This field is optional and only needed if additional details are needed beyond the **Short Summary**
    e. **Contact Status:** change to Complete.

12. From the **File** menu, select **Save and Close Contact.**