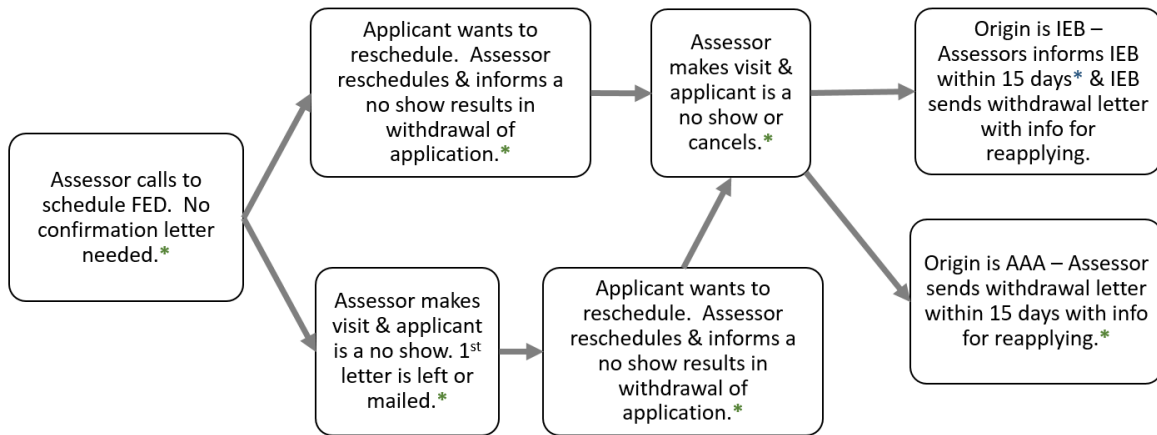


Mosley v Alexander

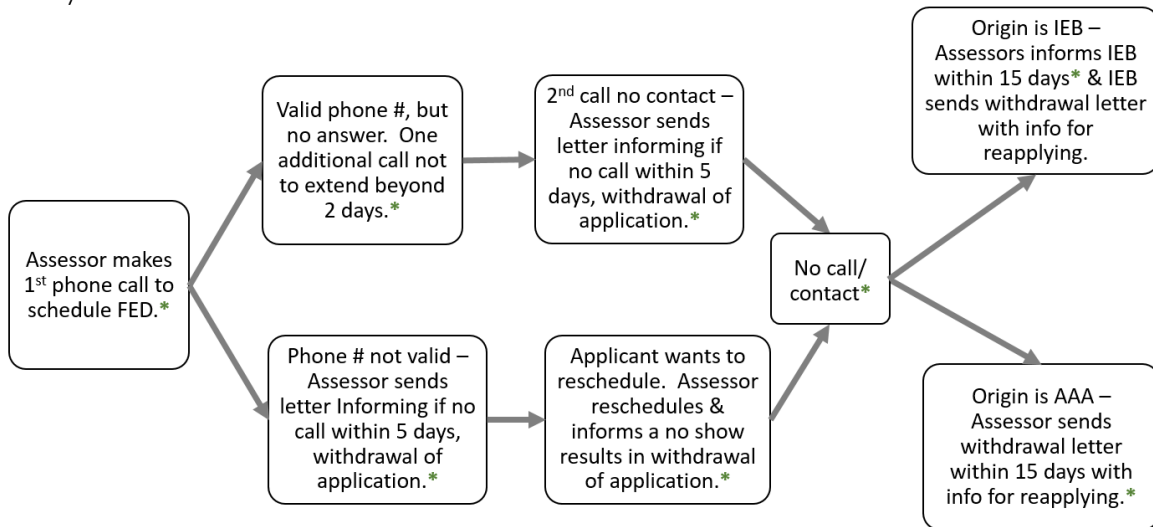
The following two flow charts illustrate the basic processes for meeting the requirements of the Mosley v. Alexander settlement. These are followed by samples of the three letters that should be used.

Mosley V Alexander – Basic Process



* Must be Documented.

Mosley V Alexander – Basic Phone Call Process



* Must be documented.

As noted in the illustrations above, these steps must be documented. Currently, there is no ability to document these steps in PIA. Some AAAs already have an alternate system for such documentation (such as SAMS), and we encourage continued use of these. For those AAAs that do not have a system in place, AWP provided a spreadsheet template that can be used for such documentation. AWP will be monitoring these instances and will determine at a later date if an additional data collection system is warranted for this process.

Mosley V. Alexander Letters

Letter #1

Dear *(insert applicant name)*:

The *(insert agency name)* recently received a referral for you to receive a Functional Eligibility Determination (FED) for long-term living services. This assessment is a step to determine whether you qualify for long-term living services provided under the Medical Assistance (MA) program.

You were unavailable for your scheduled appointment on ___/___/20__ at ___:__. Please call us at (___) ___-___ by ___/___/20__ *(Insert date which is five [5] business days from the date you are sending/delivering this letter to the applicant)* to reschedule your appointment.

If you do not respond by the date above, your application for MA-funded long-term living services will be withdrawn, which means you will need to reapply for services.

CC: *(Insert applicant's representative name when applicable)*

Sincerely,

Letter #2

Dear *(insert applicant name)*:

The *(insert agency name)* recently received a referral for you to receive a Functional Eligibility Determination (FED) for long-term living services. This assessment is a step to determine whether you qualify for long-term living services provided under the Medical Assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have tried but been unable to reach you by phone. Please call us at (___) ___-___ by ___/___/20__ *(Insert date which is five [5] business days from the date you are sending/delivering this letter to the applicant)* to schedule your appointment.

If you do not respond by the date above, your application for MA-funded long-term living services will be withdrawn, which means you will need to reapply for services.

CC: *(Insert applicant's representative name when applicable)*

Sincerely,

Letter #3

The *(insert agency name)* recently received a referral for you to receive a Functional Eligibility Determination (FED) for long-term living services. This assessment is a step to determine whether you qualify for long-term living services provided under the Medical Assistance (MA) program. It is important, therefore, that you schedule an appointment.

We have tried but been unable to reach you by phone, but the number we were given is not correct. Please call us at (____) ____-____ by ____/____/20__ *(Insert date which is five [5] business days from the date you are sending/delivering this letter to the applicant)* to schedule your appointment.

If you do not respond by the date above, your application for MA-funded long-term living services will be withdrawn, which means you will need to reapply for services.

CC: *(Insert applicant's representative name when applicable)*

Sincerely,