

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

1)	Assure that they indeed do qualify for WH and that they understand that they will be paying a premium. Determine if the person is currently a Medicaid recipients and discuss that need before assessment.
2)	Discuss current supports and the planning necessary to assure a smooth transition to WORK supports. Never leave a consumer without personal supports unless they understand and request the change from Waiver supports to WORK supports!!
3)	Let them know that the WORK assessor (Jill) will be contacting them for an assessment, and that she will contact them when she gets the referral information from you. Probably within a week.
4)	Assist with any questions that they have regarding beginning employment or increasing employment hours and provide options.
5)	Share information on how other benefits may be affected, housing, food stamps, Medicare part B & D, etc.
6)	An important difference between HCBS waiver services and WORK is that household income is considered when determining premiums and this is different from HCBS determination of client obligation.
7)	Discuss timeline for desk reviews the importance of staying current with premiums, and the consequences of not being current with premium payments.
8)	Discuss unemployment plans, who to notify when not employed or work changes, and the importance of reporting timely.
9)	Discuss the assessment process and the timeline for approval before beginning services. Note: IF EES is notified by the WORK Program Coordinator of acceptance into WORK by the 18th of the month, WORK services will begin the first day of the following month. If EES is notified of acceptance into WORK after the 18th day and the end of the month, WORK services cannot begin until the first day of the second month following acceptance.
10)	Discuss the Allocation and the options. Important to note: a. Can't pay WH premiums with WORK allocation funds b. Using WORK allocation funds can't count as IRWE's
11)	Provide an orientation to WORK a. All about options b. All about control c. Brochure and fact sheet
12)	Discuss the Individualized Budget – listing of how they will use PAS and alternatives to PAS
13)	Discuss the Choice Form and the decision they will need to make. IL Counseling, fiscal management, etc.
14)	Discuss other options that are available to support employment. i.e. AT Kansas, Vocational Rehabilitation, KATCO, etc .
15)	Discuss Options available with work b. Self-direction c. Fiscal management d. Independent Living counseling – Negotiate with chosen agency for service and need for assistance with assessment and budget process. Notification to IL Counselor to attend assessment (reassessment) date is the choice and responsibility of the consumer.
16)	Transfer of property: The relationship between WORK, waiver services, and long-term care is such that the transfer of resources and/or income policies of KEESM 5720 and subsections will apply.
17)	Dental and other services are available under waiver services and not with WORK.
18)	Remind consumers who receive services that it is their responsibility to notify agencies that currently provide services of the change to WORK.

Determine status and if Medically Needy with Spenddown, or not Medicaid recipient at time of referral, please note on the referral form for assessment.

Consumer Please sign here

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WORK Consumer Signature

Date

Your signature above indicates that the above information was discussed with you by the Working Healthy Benefits Specialist.

WHBS Please sign here

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Working Healthy Benefits Specialist

Date