



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 recipient and discuss the need to have Medicaid coverage before the 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 will be contacting them for an assessment, and that the assessor will contact them when the assessor 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)	Discuss the differences between HCBS waiver services and WORK: <ul style="list-style-type: none"> • Household income is considered when determining premiums and this is different from HCBS determination of client obligation. • WH/WORK individuals may be charged a premium instead of a client obligation. • Individuals who come to WORK from a waiver or waiting list are allowed to return should they need to.
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 Manager 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 the allocation cannot : <ol style="list-style-type: none"> a. be used to pay WH premiums b. be counted as an IRWE (services paid for with the allocation are not IRWEs) c. be used to fund a PASS d. be used to purchase gifts e. be used to make loans f. be used to pay someone to be your representative g. be used to pay mortgage, rent, or utilities h. be used to pay for vehicles or vehicle repairs i. be used to purchase clothes j. be used to purchase food k. be used to purchase lottery tickets l. be used for entertainment or entertainment devices (TVs, DVD players, iPods, etc.) m. be used for alcohol, tobacco, or other drugs n. be used for items that are available through other sources (employer, VR, EN, etc.)
11)	Provide an orientation to WORK <ol style="list-style-type: none"> 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.. One important fact to note is that enrollment in WORK is their decision.
14)	Discuss other options that are available to support employment. i.e. AT Kansas, Vocational Rehabilitation, KATCO, etc.. WORK services do not provide job coaching services.
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)	Estate Recovery Provision – If anyone receives medical assistance after the age of 54, or while in a long-term care institution, including the PACE program.
18)	Remind consumers who receive services that it is their responsibility to notify agencies that currently provide services of the change to WORK.
19)	Third Party Liability: Ask if the person has health insurance, other than Medicare (Parts A and/or B, Medicare Advantage, or Medicare Part D). If so, get the following information: Insurance Company (Carrier) Name _____; Policy Number _____; Member Number (if different from policy number) _____; Group Number _____; Coverage (check all that apply): Hospital ____ Doctor ____ Prescription drugs ____ Dental ____ Optical ____ Other (specify): _____; Start date (if known): _____.

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

Consumer Please Sign Here

Date

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

WHBS Please Sign Here

Date

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