**Information Item H**

**Instructions for Developing the Client Benefits Plan**

Client Benefits Plan:

Develop and maintain the Client Benefits Plan containing the following information:

1. Identification of the Contractor’s designated employee to serve as a liaison to the Department of Assistive and Rehabilitation Services (DARS) Disability Determination Services division. This liaison must participate or designate an alternate Contractor staff to participate in benefits assistance telephone conference calls;
2. A description of the Contractor’s process for screening annually all consumers in service. The plan must identify which staff will be responsible for conducting screenings (e.g. case managers, intake eligibility specialists, benefits coordinators, etc.) and describe how the Contractor will ensure all consumers have been screened annually;
3. A description of the Contractor’s process for screening all new consumers determined to be eligible for services and for identifying which staff will be responsible for conducting screenings (e.g. case managers, intake eligibility specialists, benefits coordinators). The plan must describe how the Contractor will ensure all consumers have been screened upon admission;
4. A description of the Contractor’s process for ensuring the liaison, or other staff who has completed approved training, reviews all cases not screened out as having low eligibility potential. The plan must describe how the Contractor will ensure all cases reviewed and determined to have moderate to high eligibility potential for Medicaid and Supplemental Security Income (SSI) will be assisted with the benefits applications and identify which staff will be responsible for providing assistance to consumers (e.g. case managers, intake eligibility specialists, benefits coordinators);
5. If staff other than those who have received approved training are providing assistance with applications, the plan must include a description of the process for ensuring that applications are reviewed by the liaison or other staff who have received approved training, prior to submission.
6. A description of the Contractor’s process for assisting all consumers appeal denials of benefits in the appeals process, from the initial appeal (Reconsideration) level to the second level (Administrative Hearing). The plan must identify which staff will be responsible for providing assistance to consumers (e.g. case coordinators, intake eligibility specialists, benefits coordinators). The plan must also describe how the Contractor will ensure that the liaison, or other staff who has completed approved training, reviews documentation prior to submission. The Contractor is not responsible for any extraordinary expense associated with the appeal;
7. A description of the Contractor’s process for notifying its billing staff of consumers' benefits approval and application dates, to allow completion of retrospective billing within 90 days for allowable Medicaid services from the date of the application. (The Social Security Administration will contact the consumers’ designated representative.) The plan must describe the internal communication process that will ensure the billing staff is made aware of the billing opportunity in a timely fashion.
8. A description of the Contractor’s process for immediately notifying Utilization Management staff of consumers’ benefits dates including: the date which benefits begin (known as the “effective” date) and the date of notification of benefit (known as the “certification” date) to ensure that consumers needing rehabilitative services are reviewed by UM staff and authorized for the medically necessary level of care immediately regardless of resource limitations.
9. The Contractor’s staffing plan must be adequate to ensure sufficient focus and capacity to provide benefits assistance in accordance with the contract requirements. The liaison or other staff who have completed approved training, must review cases not initially screened out, and must review documentation prior to submission in the application and/or appeal process. Referral to contractors paid on contingency fees for benefits assistance will not meet the requirements of this section. In addition, it is a Class A misdemeanor for a non-attorney to charge a fee for assisting or representing someone in attaining Medicaid benefits punishable by jail time and/or a fine. It is highly recommended that any staff involved in this process complete required training. Contractor shall make this training available quarterly.
10. A description of Contractor’s process for training benefits coordinators in work incentives as it relates to employment. The plan must describe how Contractor will educate and support clients interested in employment. Contractor shall conduct training of benefits coordinators at least annually.