Workers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/MCO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

This procedure is taken directly from the state contract with MCO’s under “collections of cost share”. If the member / responsible party fails to pay the end of the month following the month in which the cost share is due, the MCO must follow the steps below before a referral can be made to the ADRC/APS programs. A checklist is listed below that requires the date and initials of the CM prior to acceptance of the referral.

Date: CM Initials:

 1. Number of attempts/contacts with member/responsible party to determine reason for non- payment.

 2. Determine if the cost share presents an undue hardship for client.

 3. Remind member/responsible party of the of risk non-payment and disenrollment

 4. Attempted to convince or negotiate payment plan with member/responsible party.

 5. Offer assistance with money management or rep payee program.

 6. Make a referral to the ADRC/APS (Include this complete form with referral)

 7. Attach a copy of the Action of Notice

 8. Attach APS Referral Form

Other Comments: