# Choices for Care Flexible Choices
# CHECKLIST TOOL

**Instructions:** This Checklist Tool is for use by Case Managers and Support Brokers when working with Flexible Choices (FC) participants to determine whether an item/service is an allowable purchase. Maintain completed checklist in participant case file.

Date: _____ Participant Name: _____
Item/Service for Consideration: _____

## Checklist

1. Is the participant actively enrolled in Choices for Care High/Highest with a DAIL-approved FC Allowance?
   - ☐ No – **STOP. Verify active enrollment before proceeding.**
   - ☐ Yes – **Continue.**

2. Was the item/service purchased prior to enrollment in Choices for Care?
   - ☐ Yes – **STOP.**
   - ☐ No – **Continue.**

3. Has the need for the item/service been well documented by the case manager in the person-centered Independent Living Assessment and Flexible Choices Budget?
   - ☐ No – **STOP.**
   - ☐ Yes – **Continue.**

4. Does the item/service increase, maintain, or improve the participant's functional capabilities as identified in the participant's needs assessment?
   - ☐ No – **STOP.**
   - ☐ Yes – **Continue.**

5. Does the item/service align with the participant's written person-centered goals for maintaining their health, safety, wellbeing and independence at home?
   - ☐ No – **STOP.**
   - ☐ Yes – **Continue.**

6. Will the item/service maintain the participant's health, safety, wellbeing and independence at home?
   - ☐ No – **STOP.**
   - ☐ Yes – **Continue.**

7. Is the item/service covered by Medicare, Medicaid or other payment source? AND, if covered by insurance does the covered item/service adequately meet the documented need? If unsure, discuss with the DAIL program contact prior to proceeding. Questions about Medicaid coverage, contact the Medicaid Customer Support Center at 1-800-250-8427.
   - ☐ Yes – **STOP.**
   - ☐ No – **Continue.**

8. Does the item/service fall into one of the following covered categories?
   a. Device, technology, goods or services used to increase, maintain, or improve functional capabilities and are intended to benefit the participant's identified goals for maintaining their health, safety, wellbeing and independence at home. Technology includes hardware and software as well as stand-alone devices.
   b. Physical modification to the participant's home that helps ensure the health and welfare of the participant or improves the participant's ability to perform Activities of Daily Living and/or Instrumental Activities of Daily Living.
   c. One-time or short-term purchase for housing and living expenses that address specific barriers to transitioning from homelessness or a facility or prevents immediate risk of homelessness or facility placement within 45 days.

   ☐ No – **STOP.**
   ☐ Yes – **Continue.**

9. Does the item/service fall into one of the following restriction categories?
   a. Medical device that is surgically implanted, or the replacement of such devices.
   b. Illegal items.
   c. Gambling, alcohol and recreational drugs, both legal and illegal.
   d. Ongoing housing and living expenses such as rent, mortgage, room and board, food, clothing, toiletries, household supplies and maintenance.
   e. Out-of-pocket medical expenses that have been used by the participant towards their Medicaid patient share obligation.
   f. One of the following for a child under the age of 18:
      - housing
      - food
      - clothing
      - non-medical transportation
      - personal items
      - childcare necessary for a parent to work.

   ☐ Yes – **STOP.**
   ☐ No – **Continue.**

10. Does the participant currently have enough Flexible Choices funds available to purchase the requested item(s)/service(s)?
    ☐ No – **STOP.**
    ☐ Yes – **Continue.**

**IMPORTANT: Flexible Choices purchases are subject to audit. Case managers must maintain documentation that supports answers to the checklist. Documentation must be made available to DAIL or its designee upon request.**

**Notes:**

## Additional Requirements

- ☑ Funds used to pay direct care workers must be paid at or above the required minimum wage set by the Independent Direct Support Worker's Collective Bargaining Agreement and below the maximum market rate for that service.
- ☑ Funds used to pay direct care workers must ensure that workers pass a background check as described in the DAIL Background Check Policy.
- ☑ Funds used to purchase devices must comply with all applicable medical and manufacturing standards.
- ☑ Funds used to purchase home modifications must be approved by the homeowner and comply with all applicable State and local building codes.
- ☑ Funds provided through a designated or licensed agency must follow all applicable federal and state regulations applicable to that provider.
- ☑ Services purchased through a Vermont Medicaid vendor must be billed at the vendors' Medicaid rate on file for the same service.

## Decisions

☐ **Approve** if the requested item/service meets all criteria set forth in the checklist.

Instructions: First, the Case Manager verifies that enough funds are available within the participant's approved FC Allowance, then submits the FC Budget to ARIS. The employer of record then moves forward with the purchase and invoicing through ARIS. ARIS submits claims to Gainwell for Medicaid payment using revenue code 071 up to the maximum amount indicated in the FC Budget. Support Broker services are available for employers that require training to understand their roles and responsibilities.

☐ **Contact DAIL** when a purchase does not appear to meet the coverage criteria set by DAIL.

Instructions: The Case Manager first contacts the DAIL program lead to discuss the request. If DAIL confirms the item does not meet the criteria, the Case Manager submits a Variance Form following the prescribed DAIL process. DAIL will review the request and issue a decision letter with appeal rights within 14 days of the request, in compliance with the VT Health Care Administrative Rules (HCAR 8.100.3 (b)(2)(C)). **DAIL Contact:** Dawn Weening at dawn.weening@vermont.gov.