Moderate Needs Flexible Funding
CHECKLIST TOOL

Instructions: This checklist tool is for use by Case Managers when working with Moderate Needs Program Flexible Funding 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 the Moderate Needs Program with a DAIL-authorized Service Request (CFC/MOD 903)?
   - ☐ No – **STOP. Verify active enrollment before proceeding.**
   - ☐ Yes – **Continue.**

2. Was the item/service purchased prior to enrollment in the Moderate Needs Program?
   - ☐ Yes – **STOP.**
   - ☐ No – **Continue.**

3. Has the need for the item/service been well documented by the Case Manager in the Independent Living Assessment (ILA) and Person Centered Plan?
   - ☐ No – **STOP.**
   - ☐ Yes – **Continue.**

4. Does the item/service increase, maintain, or improve the participant's functional capabilities as identified in the participant's ILA?
   - ☐ 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 funds within their annual approved cap to purchase desired item(s)/service(s)?
    ☐ No – **STOP.**
    ☐ Yes – **Continue.**

IMPORTANT: Flexible Funding 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: The Case Manager contacts Age Well to verify that funds are available and to provide Age Well with the required information needed to arrange for the item/service to be purchased and paid for. The case manager gathers all needed information for the request and submits the request to Age Well. Age Well proceeds with invoicing and payment to the vendor. Age Well submits claims to Gainwell for Medicaid payment using revenue code 071 up to the maximum amount indicated in the participant's authorized Service Request.

☐ **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:** Wanda Wright at wanda.wright@vermont.gov.