

Choices For Care

Moderate Needs Group-Clinical Eligibility Worksheet

Information may be gathered from current assessment (ILA) or directly from the individual, legal representative or provider(s).

Applicant Name: _____

STEP 1. Pre-eligibility Screening

1. Is the applicant a Vermont resident and age 18 or over? Yes No **IF NO, STOP.**

2. Can the needs of the individual be adequately met by services available through other sources (including but not limited to trusts, contracts for care, private insurance, Medicare, Community Medicaid, VA, VHAP, etc)? Yes No **IF YES, STOP.**

If 2 is No continue with eligibility.

Step 2.

Does the individual require supervision or any physical assistance three (3) or more times in seven (7) days with any single, or combination of, ADLs or IADLs ?

YES - Eligible: Moderate Need Group **NO** -Continue

Step 3.

Does the individual have impaired judgment or decision making skills that require general supervision on a daily basis?

YES - Eligible: Moderate Need Group **NO** -Continue

Step 4.

Does the individual require at least monthly monitoring for a chronic health condition?

YES - Eligible: Moderate Need Group **NO** -Continue

Step 5.

Will the individual's health condition worsen if services (adult day, homemaker) are not provided or if services are discontinued?

YES - Eligible: Moderate Need Group **NO** -NOT eligible

Comments:

Completed by

Date:

NOTE:

If the individual is found clinically eligible, complete the financial worksheet to determine financial eligibility.

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