Moderate Needs – Complete Package Checklist

Client Name: ____________________________________________________________

Case Manager Name: __________________________________ Phone #: _____________

New Application

Items to be included:

☐ Completed AND Fully Signed Application (CFC MOD 900), including:
  ☐ Choice of Case Management Agency

☐ Signed Clinical Eligibility form
☐ Signed Financial Eligibility form
☐ Completed Independent Living Assessment (ILA) – 9 page ILA only
☐ Completed Moderate Needs Service Request & Authorization form (CFC MOD 904)
  with all fields completed, including:
  ☐ ICD-9 Code & ICD-10 Code
  ☐ Services correctly checked
  ☐ Provider names
  ☐ Volume of services based on assessed need and person-centered plan

Reassessment

Items to be included:

☐ Signed Clinical Eligibility form
☐ Signed Financial Eligibility form
☐ Completed Independent Living Assessment (ILA) – 9 page ILA only
☐ Completed Moderate Needs Service Request & Authorization form (CFC MOD 904)
  with all fields completed, including:
  ☐ ICD-9 Code & ICD-10 Code
  ☐ Services correctly checked
  ☐ Provider names
  ☐ Volume of services based on assessed need and person-centered plan