

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