

## Department of Disabilities, Aging and Independent Living

Division of Disability &amp; Aging Services

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TO: Providers of Choices for Care Moderate Need Services

FROM: Megan Tierney-Ward, Aging & Disabilities Program Manager

DATE: January 10, 2013

RE: Moderate Needs Procedural Clarification

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This memo is to provide procedural clarification related to a Moderate Needs policy memo dated February 18, 2011 from Commissioner Wehry. The 2011 memo was intended to eliminate the need for a person already enrolled in one Moderate Needs service to reapply and be placed at the bottom of a wait list when they need to add a new (additional to their current service) Moderate Needs service.

Since the memo was generated, Moderate Needs providers with a wait list have noted confusion over how to process referrals for adding a new service. Below is the procedural clarification on this task.

Steps for adding a new Moderate Needs Service:

1. When a person needs to add a new Moderate Needs service, the person's case manager must first contact the new provider to verify funding availability.
2. If funds are confirmed available, the case manager will make a referral to the new agency and send a Moderate Needs Change Form to DAIL program manager. (*See Moderate Needs Program Manual, Section V.3. Change & Reassessment Procedures*)
3. If funds are not available to add the new service, the case manager must send a copy of the original Moderate Needs application to the new Moderate Needs Service provider with a request to add the person to their Moderate Needs Wait List. *Note that the person does NOT need to complete a new Moderate Needs application.*
4. The provider will then add the person's name to their wait list based on the original application date and whether they have Community Medicaid.

For example, if a person applied for and started receiving Moderate Needs Adult Day services on July 1, 2011 and then requests homemaker services over a year later in September 2012, the case manager would first contact the home health agency to verify funding. If funding was not available, the case manager would send a copy of the original application dated July 1, 2011 to the home health agency. The person would be placed on the homemaker wait list in chronological order based on their July 1, 2011 application date, giving them priority over people who applied after July 1, 2011. *Note that providers must still observe the priority criteria for people with Community Medicaid.*

Please contact Mary Collins at [mary.collins@state.vt.us](mailto:mary.collins@state.vt.us) or 871-3043 with questions. Thank you.