

## **SECTION V.1. Application, Screening, Eligibility Determination & Reinstatement Procedures**

### **A. Application Procedures**

1. Department of Disabilities, Aging and Independent Living (DAIL) staff shall make Choices for Care information available to all individuals, local agencies, and organizations.
2. Application may come from any source.
3. Moderate Needs applications must be completed, signed by the individual or legal representative and sent to the certified Case Management Agency (Home Health Agency – HHA or Area Agency on Aging – AAA) as identified on the Moderate Needs application form.

### **B. Initial Screening Procedures**

1. Verify Funding: The Moderate Needs case manager (CM) will verify funding available for the services requested on the application and contact the individual within 3 working days of receipt of the Moderate Needs application.
2. No Funding: If funding is not available for the requested service(s), the CM will do a telephone screening to verify the need for Moderate Needs services, clinical and financial eligibility. The CM will inform the individual that there is a waiting list and will give the individual the option of being placed on the waiting list. The CM will determine if follow-up is needed and take necessary action to assist the individual in obtaining other services.
3. Funding for one service only: If the individual needs both HMK and AD services, yet funding is available for only one service, the CM will continue the eligibility process for the service for which funding is available and send a wait list notice to the individual and provider of the other service. When funds become available, the CM will send a Moderate Needs Group Change form to DAIL Moderate Needs Coordinator to add the new service.
4. Funding Available: If funding is available, the CM will arrange for a face-to-face visit to continue the eligibility process.

### **C. Eligibility Procedures**

1. Clinical Screening: At the face-to-face visit, the CM will complete the Permission to Release Information, Independent Living Assessment (ILA) Intake (short version) and screen for clinical eligibility using the Moderate Needs Group Clinical Eligibility worksheet.
2. Financial Screening: If the applicant appears to meet the Moderate Needs Group clinical criteria, the CM will complete the Moderate Needs Group Financial Eligibility Worksheet.

3. If the applicant meets both the clinical and financial criteria, and there is funding to serve the individual, the CM will send the following complete application packet to both the Moderate Needs Coordinator at the DAIL Waterbury office and the Moderate Needs Providers:
  - a. Moderate Needs application,
  - b. ILA Intake,
  - c. Clinical Worksheet,
  - d. Financial Worksheet, and
  - e. Complete Package Checklist.

***NOTE: DAIL will return all incomplete application packets to the case manager.***

4. **Eligibility Determination:** The Moderate Needs Coordinator will review the clinical and financial information for accuracy and eligibility determination.
5. **Notifications:** If found clinically and financially eligible for Moderate Needs Group services, the Moderate Needs Coordinator will complete and send the Moderate Needs Group Service Authorization to the applicant, provider(s) and the Department for Children and Families (DCF).
6. **Start Date:** The effective start date for Moderate Needs services shall be the date the applicant signed the Moderate Needs applications, the date the applicant was taken off the wait list or a later date as requested by the CM. For individuals coming off the Moderate Needs wait list, the CM will write the date the individual came off the wait list on the top of the application.
7. **Ineligibility:** If during the screening process the CM believes an applicant is not eligible, the CM will send all information to the Moderate Needs Coordinator. Moderate Needs Coordinator will review the application package and make an eligibility determination. If the applicant is not eligible, Moderate Needs Coordinator will send the applicant a written notice of denial including appeal rights.

#### **D. Wait List Procedures**

1. If funding is not available and the applicant chooses to be placed on a waiting list, the CM will notify the applicant in writing and will send a copy of the notice and application to the requested service providers.
2. The CM and Moderate Needs Providers will follow the Waiting List Procedures in Section V.2. of this manual.

#### **E. Reinstatement**

When a provider suspends a participant for 60 days or less, due to a Medicaid-funded stay at a rehabilitation facility or nursing home and they wish to reinstate the participant, they must complete only the Application & Reassessment form. This completed form must be forwarded to the Moderate Needs Group Coordinator and service providers.

## **F. Other Services**

Together with the individual, the CM will assess and arrange for other services as necessary to meet the identified needs of the individual. If the individual is placed on a waiting list, the CM will determine if other follow-up is needed and take necessary action to assist the individual in obtaining other appropriate services.