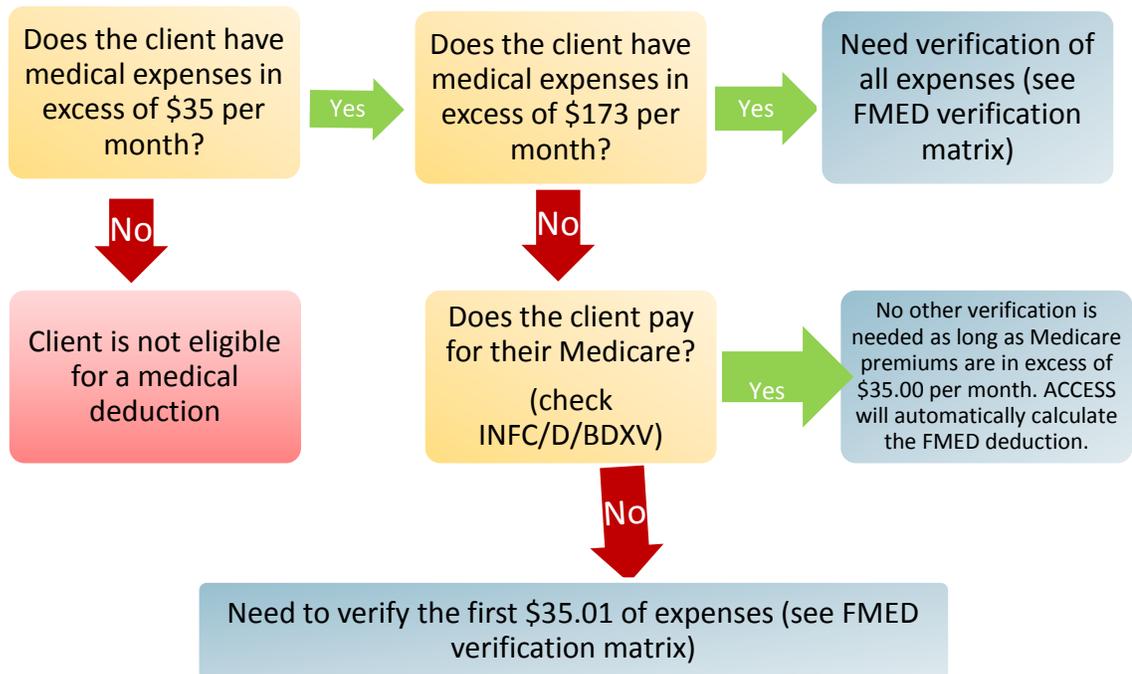


FMED Interview Script

At initial application, recertification or a change, if someone in the 3SVT HH is age 60+ or disabled, ask them the following questions during the interview:

1. Do you pay for Medicare or insurance premiums?
2. Do you have prescriptions? If yes, copay costs?
3. How do you get to your office visits, pharmacy, or store?
4. Do you purchase any OTCs recommended by your health professional?
5. Do you have any medical bills?
6. Do you pay for any durable medical equipment?
7. Do you have a home health aide or personal attendant?
8. Do you anticipate having any other medical expenses over the next year?

Please elaborate and educate clients as needed; if you spend time explaining something, make a note in CATN



At Recertification, if someone is receiving the standard deduction (they have previously verified over \$35 but under \$173), ask them the following question:

“Do you still pay over \$35 per month for your medical expenses?”

If they answer “yes” – they do not need to re-verify anything. Add this to their FMED panel at the bottom of the items- *Continues to incur \$35+*. CATN very clearly.

If they answer “no”- if the answer is no because they now have over \$173, verify everything. If the answer is no because they don’t have over \$35, then delete the FMED and CATN.

FMED Verification Matrix

[FMED Calculator LINK](#)

QUESTIONS?

Ask your supervisor!

ITEM

Acceptable Verification (scanned to OnBase)

Health Insurance Premiums

Premium bill showing cost and period covered

Medical Bills

At initial or recertification

- Any paid or unpaid medical bill incurred in the past 12 months that can be reasonably anticipated to recur is allowable
- Any unpaid medical bill with a payment plan in place is allowable
- Copy of bill or monthly invoice as proof

Rx Co-pay

12 months of verification is preferred

- Pharmacy Printout (preferred)
- Receipts

OTC medications, equipment, supplies

- Recommended by a health professional (signed statement)
 - Signed Form 120
- OTC List LINK** - Verify costs by dosage

Mileage

Verification of trip required, past and/or ongoing, 12 months preferred

Transportation

- Statement(s) showing dates of service/trip
 - Must be unreimbursed

Lodging

*Use Mapquest for mileage
Mileage rate: \$0.585/mile*

- Receipts from cab, public transportation or a friend driving (count actual amount paid)
- Receipts for lodging (must run through AOPS prior to approval)

Trained Service Animal

Receipts and Invoices
Could be for the purchase/ maintenance of the animal, vet bills, food for the animal, and other items prescribed by a vet

Personal Attendant/ Home Health Aide

- Verification of medical necessity and proof of payment
- EP - verification that the grant was paid to the EP