Vermont Department of Disabilities, Aging and Independent Living

Choices for Care - Enhanced Residential Care Service Plan

Participant Name: _____ Soc. Sec. #: _____
(Please Print)

☐ Initial Assessment ☐ Reassessment ☐ Change

Address: _____
(Street)

_____
(Town) (Zip)

Start Date: _____

Date of Birth: _____

Phone Number: _____

DAIL UR _____

Diagnosis: _____

ICD-10 CODE: _____

Service	Provider (Write in provider name)	Hours of Service	Rates	Cost/Month
☒ **ACCS**	DVHA	24 hrs./day 7 days/wk.	**$37.25/day** (Rev Code 98)	**$1,128.68**
☒ **Enhanced Residential Care**	**ERC Provider Name:** Memory Care at Allen Brook 99 Allen Brook Lane Williston, VT 05495	24 hrs/day 7 days/wk	**Special Rate** **$169.75/day** (Rev Code 90)	**$5,143.43**
				$6,272.11

Services Not funded by Choices for Care – Formal Services (indicate funding source)

Services	Service Provider	Funding Source	Frequency	Cost per Month
☒ ACCS		MEDICAID	DAILY	
☒ Room & Board		SELF	MONTHLY	
☐ Hospice				
☐ Skilled Services				

Department of Aging and Independent Living Authorization/Official Use Only

Services are authorized effective: Start Date: _____ through End Date:_____
(A full reassessment must be completed prior to the end date in order for Waiver services to continue.)

_____ _____
DAIL Authorized Signature Date

CONSENT TO PLAN OF CARE

I, _____, have been fully informed of the proposed **SERVICE PLAN** and understand the terms as described in this **Service Plan**. I consent to this plan and accept it as an alternative to the Home-Based or Nursing Home setting.

▸ _____ Date: _____
Signature of applicant/participant or legal representative

▸ _____ Date: _____
ERC Provider Signature

NOTE: All Plans must be signed by applicant/participant or legal representative (Power of Attorney or legal guardian), and ERC Provider in order for services to be authorized.

Service Plan Changes: Complete a new Service Plan and briefly describe the reason for change. (Attach supporting information.)

Important Information

Appeal Rights: See attached letter if services were reduced or denied by DAIL.

Changes: The individual or legal representative must report all changes in status to the case manager.

Patient Share: Refer to the Department for Children and Families (DCF) Notice of Decision for patient share amount (if any) and for the provider that the patient share is to be paid each month.

Provider Billing: Providers must retain a copy of the current approved Service Plan as authorization to bill for services. Providers may only bill for services provided within the limits indicated on the Service Plan.

Reassessments: Annual reassessments will start on the date after the previous Service Plan ends.

Service Plan Changes*:* Approved Service Plan changes will start no earlier than the date the Service Plan is received at the DAIL regional office.

***Level of Care Variances for ERC:** A request for a variance from section 5.1.a of the VT RCH Licensing Regulations to retain or admit a resident whose needs exceed that for which the home is licensed to provide must be made to the VT Division of Licensing and Protection. This must be done for all residents being admitted or retained who meet nursing home level of care to receive ERC services. See page 7 section III. Variances in the VT RCH Licensing Regulations for details of how to make the request. http://www.dlp.vermont.gov/