

**Choices for Care
Flexible Choices Allowance**

CFC 836 7/2017

Participant Information

Name: _____
Last First MI

Mailing Address: _____
Street/RFD/Box City/Town State Zip

Physical Address: _____
Street City/Town State Zip

Phone: _____ Email Address: _____

SS# _____ DOB _____ ICD-10 Code _____

Guardian/Surrogate Information

Guardian Surrogate

Name: _____
Last First MI

Address: _____
Street/P.O. Box City/Town State Zip

Phone: _____ Email Address: _____

Allowance Calculation

Initial Assessment Reassessment Change

Personal Care (per 2 weeks) _____ X 2.15 = Monthly Hours _____ X \$13.06 = Monthly Value \$ _____
(Round to nearest .25)

Adult Day (per 2 weeks) _____ X 2.15 = Monthly Hours _____ X 16.08 = Monthly Value \$ _____
(Round to nearest .25)

Monthly Base Rate \$ 1,228.95

CALCULATION: Monthly Personal Care **Value** +
Monthly Adult Day **Value** + Monthly Base Rate = Monthly Allocation

Total (per month) \$ _____

Spouse

Will the Spouse be a paid caregiver YES NO

If "Yes", will the spouse be the sole Flexible Choices funded caregiver? YES NO

Signatures

Participant: _____
Name - Print Signature

Consultant: _____
Name - Print Signature

Department of Disabilities, Aging and Independent Living Authorization/Official Use Only

Allowance authorized effective Start Date: _____ **through** **End Date:** _____

DAIL Authorized Signature

DATE

Instructions:

1. Consultant completes the identifying information for the participant and, if appropriate, their surrogate or guardian and notes whether this allowance request results from an initial assessment (all new participants in Flexible Choices are considered “initial”), a reassessment or a change.
2. Consultant completes the allowance calculation section using the following formulas:
 - a. *Personal Care*: The number of hours per two weeks of personal care from the personal care worksheet built from the ILA assessment multiplied by the hourly wage rate (including employer taxes).
 - b. *Adult Day*: The number of hours per two weeks of Adult Day services multiplied by the current Choices for Care Adult Day Medicaid rate. (Note: these dollars can only be spent on Adult Day services or for personal care hours when the participant was scheduled for Adult Day but was not able to attend.)
 - c. *Base Rate*: This rate is set by DAIL and represents the value of all Choices for Care services other than Personal Care and Adult Day pro-rated to two week increments.
 - d. *Totals*: The three areas are totaled for a two-week allowance figure. This will be the figure upon which budget planning will occur. This two-week figure is converted into a monthly figure by multiplying the two-week figure by 2.15. If approved by the LTCCC (see number 6), this monthly figure will be the participants “Approved Allowance.”
3. The consultant and participant/surrogate sign the form showing their agreement with the total allowance figure.
4. The consultant forwards the completed form to the regional Long Term Care Clinical Coordinator along with a copy of the most recent ILA and Personal Care Worksheet.
5. Upon approving the allowance amount, the LTCCC:
 - a. keeps the original for his/her files
 - b. sends a copy to the consultant at:

Transition II
346 Shelburne Road
South Burlington, VT 05403
Fax: (802) 846-7282
 - c. sends a copy to the participant/surrogate.