



Choices for Care – Moderate Needs “At a Glance”



Program Summary

The Choices for Care “Moderate Needs” program is an option for individuals who may not meet nursing home level of care, but require some services to assist them to remain independent in their home, preventing a more intense level of service. The Moderate Needs option is not an “entitlement” and is limited by available funds.

Application

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. Applications can be found at: <http://www.ddas.vermont.gov/ddas-forms>.

Eligibility

I. General Eligibility

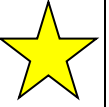
To be eligible for the “Choices for Care”, VT Long-Term Care Medicaid, Moderate Needs Group an individual must:

1. Be a Vermont resident aged 18 or older who meets both clinical and financial eligibility criteria;
2. Have a functional limitation resulting from a physical condition (including stroke, dementia, traumatic brain injury, and similar conditions) or associated with aging.

NOTE: Individuals are not eligible if they have a need for Moderate Needs services that can be effectively met with existing Medicare, Medicaid, VHAP, VA or private insurance covered services. (e.g. Home Health Agency services, Day Health & Rehab, CRT, TBI waiver, DD waiver, ASP, etc.)

II. Clinical Eligibility

1. Individuals who require supervision or any physical assistance three (3) or more times in seven (7) days with any single ADL or IADL, or any combination of ADLs and IADLs.
2. Individuals who have impaired judgment or decision-making skills that require general supervision on a daily basis.
3. Individuals who require at least monthly monitoring for a chronic health condition.
4. Individuals whose health condition shall worsen if services are not provided or if services are discontinued.



III. Financial Eligibility

Income Eligibility Standard: The income standard for the Moderate Needs group is met if the adjusted monthly income of the individual (and spouse, if any) is less than 300% of the supplemental security income (SSI) payment standard for one person (or couple) in the community after deducting recurring monthly medical expenses (including but not limited to prescriptions, medications, physician bills, hospital bills, health insurance premiums, health insurance co-pays, medical equipment and supplies, and other out of pocket medical expenses.). Countable Income is all sources of income, including Social Security, SSI, retirement, pension, interest, VA benefits, wages, salaries, earnings and rental income, whether earned, unearned.

Countable Resources: Countable resources includes cash, savings, checking, certificates of deposit, money markets, stocks, bonds, trusts or other liquid assets, excluding primary residence or one car, that an individual (or couple) owns and could easily convert to cash to be used for his or her support and maintenance, even if the conversion results in the resource having a discounted value. A \$10,000 disregard is applied as an adjustment to resource limits.

Enrollment

After the case manager receives the Moderate Needs application, the case manager completes an assessment and clinical and financial eligibility screening. The case manager works closely with the Homemaker and Adult Day provider agencies to verify available funds and wait list information. A complete Moderate Needs application packet is submitted by the case manager to DAIL for authorization when the individual is ready to be enrolled. The provider will receive a signed "Service Authorization" from DAIL verifying enrollment in Moderate Needs services. If funds are not available, individuals will be placed on a wait list with the applicable service provider in chronological order.

Services

1. **Case Management** – up to 12 hrs per calendar year via the local AAA or Home Health Agency. Individuals are not enrolled onto the Moderate Needs program for case management services only.
2. **Homemaker** – up to 6 hrs per week via the local Certified Home Health Agency (Bayada only provides services at Spring Gardens in Winooski).
3. **Adult Day** – up to 50 hrs/week.
4. **Flexible Funds** – Small amount of flexible spending funds through the chosen case management agency. Limited by available funds.

NOTE: Individuals do not automatically get the maximum capped amount of hours. The volume of services will be based on the identified needs of the individual, as determined by the case manager, service provider and individual.