Welcome to the Choices for Care 804 Forms Process Update. This training is designed for Choices for Care case managers, providers and service coordinators.
The goal of this training is to provide an overview of the 804 forms process, including:

- Overview of changes
- Instructions for completing forms
- How to submit forms

This training module is intended to provide you with an overview of the changes to the 804 forms process, including **which 804 form must be completed**, **who completes the form**, **how it must be completed** and **where it must be submitted**.

This process will take effect on April 1, 2019
<table>
<thead>
<tr>
<th>Form #</th>
<th>Name</th>
<th>Replaces</th>
<th>Notes</th>
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<tr>
<td>804</td>
<td>Admission to Services Form</td>
<td>Home-Based, AFC &amp; ERC Change Form and Nursing Facility (or Hospital Swing Bed) Discharge Notice Form</td>
<td>Change in provider responsible for submitting</td>
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<tr>
<td>804A</td>
<td>Termination of Services Form</td>
<td>Home-Based, AFC &amp; ERC Change Form and Nursing Facility (or Hospital Swing Bed) Discharge Notice Form</td>
<td>New Form</td>
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<td></td>
<td><strong>Nursing Facility/Hospital Swing Bed Acute Hospital Stay and Change of Payment Report Form</strong></td>
<td>No Change</td>
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<tr>
<td>804B</td>
<td><strong>Short-Term Medicaid Only Rehab Form</strong></td>
<td>Skilled Nursing Facility/Hospital Swing Bed Vermont Medicare/Medicaid &amp; Medicaid Only Rehab Notice</td>
<td>New Form – creates separate form for Medicaid Only</td>
</tr>
<tr>
<td>804C</td>
<td>Dual Medicare / Vermont Medicaid Short-Term Rehab Form</td>
<td>Skilled Nursing Facility/Hospital Swing Bed Vermont Medicare/Medicaid &amp; Medicaid Only Rehab Notice</td>
<td>New Form – creates separate form for dual Medicare/Medicaid</td>
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This table summarizes the changes to the 804 process. Please note that the form names have changed, Several new forms have been created, and in some cases the provider responsible for submitting the form has been changed. We will review each of these forms individually.

Some Additional changes  
Fillable forms on ASD website  
Updated Mailing addresses
804 FORM: (ADMISSION TO SERVICES)

Previously, it was the responsibility of the provider who was discharging the client to complete this form. In many cases, the form was not completed timely, which prevented the “new” provider from billing for services. The 804 form will now be completed by the provider “admitting” a program participant to their service. This change allows the provider to bill for services upon admission. When this form is submitted, the Long Panel for long term care will be changed in the ACCESS system to reflect the admitting provider name. **If your provider name is not in the system as the current provider of service, then you will not be paid when a claim is submitted.**

**Please note:** For traditional home-based services the Long Panel must reflect the name of the “Highest Paid Provider”. This is usually the Home Health Agency, Adult Day Provider, ARIS Solutions or the Authorized Agency for Adult Family Care.
**Form 804: Admission to Services**

**How to complete the 804 form:**
1. Complete the Individual’s name, Address, SS# or MID, Date of Birth
2. **Previous setting:** Check the box of the individual’s previous setting (if there is a change in care setting option)
3. **Admission**
   a. Fill in the Admission Date
   b. Check the admission service options and
   c. Fill in the name of the provider of services and Provider ID #

4. **Case Management Agency** (for Home Based and Flexible Choices only)
   a. Check one of the Case Management boxes
   b. Fill in the Provider name

5. Fill in the name of the Person filling out the 804 form and contact information
Form 804: Admission to Services

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<tr>
<th>Form#</th>
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<th>Where Can I find the Form?</th>
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DAIL (Disabilities, Aging and Independent Living) LTCCC Nurse: To request a contact list, call DAIL-Adult Services Division (802) 241-0294

SAMS Users: Send SAMS Alert to LTCCC Nurse when form is completed

ADPC (Application and Document Processing Center):
Fax (802) 241-0514
280 State Drive Waterbury, VT 05671-1500

The 804 form is submitted to DAIL and to ADPC. For SAMS users: Forms are available as an assessment form. When completed, send an alert to the LTCCC, print and send to ADPC.
Form 804A: Termination of Services

When this form is used:
- To report termination of CFC services for active CFC participants receiving Traditional Home-Based, ERC, Hospital Swing Bed, Nursing Facility Services, Adult Family Care, or Flexible Choices

Who completes this form:
- Choices for Care Case manager (AAA & HHA)
- Flexible Choices Advisor
- Authorized Agency (AA) for Adult Family Care
- Enhanced Residential Care (ERC) Provider
- Nursing Home
- Hospital Social Worker

This form is a new form used to report the termination of CFC services for active CFC participants receiving Home-Based, ERC, Adult Family Care, Flexible Choices, Hospital Swing Bed or Nursing Facility services. If an individual terminates services or voluntarily withdraws from CFC services, it is the responsibility of the current provider of services to notify the ADPC and the DAIL LTCCC Nurse.
Form 804A: Termination of Services

How to complete the 804A form:
1. Complete the Individual’s name, Address, SS# or MID, Date of Birth
2. **Current Setting:** Check the box of where the individual is currently receiving services
3. **Termination:**
   a. Fill in the effective Date of Termination of services
   b. Check the box for the reason for the termination of services
   c. Check the Voluntary Withdrawal box if the individual is withdrawing services by their choice
   d. The individual must sign the form if Voluntarily withdrawing
4. Fill in the name of the Person filling out the 804 A form and contact information
The 804 form is submitted to DAIL and to ADPC. For SAMS users: Forms are available as an assessment form. When completed, send an alert to the LTCCC, print and send to ADPC
When this form is used:
- To report Acute Hospital admissions and discharges
- To report a change in payment source
- To report Hospice admissions

Who completes this form:
- Nursing Home
- Hospital Social Worker

This form is used by Hospitals and Nursing Facilities to report Acute hospital admissions and discharges. This form is also used to report a change in payment source and Hospice admission. This form is managed and updated by DVHA and can be found on http://www.vtmedicaid.com/#/forms

This form has been recently updated with new fax numbers and current address.
How to complete the 804B form:

1. Complete the Individual’s name, SS# or MID, Date of Birth, Facility Name and Phone

2. **Acute Hospital Admissions/Discharge**
   - a. Check the appropriate box for
     - i. Admission to Hospital, Hospital Name
     - ii. Bed Hold – if appropriate
     - iii. Facility Admission to Nursing Home from the hospital
     - iv. Fill in admission/re-admission date
     - v. Payment Source upon re-admission to the facility

3. **Change in Payment Source**
   - a. Check the appropriate box for:
     - i. Medicare Co-insurance Start Date and End Date
     - ii. Return to VT Medicaid Coverage (Choices for Care) with the start date and indicate total # of days covered by previous payor
     - iii. Change from VT Medicaid to a different payment source - indicate new payment source with the effective date and name if commercial insurance carrier

4. **Hospice** – complete all fields

5. Fill in the name of the Person completing this form with signature and date
Questions about this form should be directed to DVHA.
The 804B form is submitted to BOTH ADPC and DVHA

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**ADPC (Application and Document Processing Center):**
Fax (802) 241-0514
280 State Drive Waterbury, VT 05671-1500

**DVHA (Department of VT Health Access), COB:**
Fax (802) 241-9070
280 State Dr – NOB 1S South, Waterbury, VT 05671-4020
Form 804C: Short Term VT Medicaid Only Rehab Stay

When this form is used:
- Short Term Medicaid Only Rehabilitation Stays

Who completes this form:
- Nursing Home
- Hospital Social Worker

This form is used by Skilled Nursing Facilities and Hospitals that have Swing Bed status. This form is used to report Short Term *Medicaid Only* Rehabilitation Stays. Please use this form if the beneficiary currently has active Medicaid. The VT Medicaid Rehab benefit covers stays less than 30 days per episode/60 days per calendar year following the Department of VT Health Access (DVHA) Operating Procedures, *Medicaid Nursing Facility Short Stays*. If Medicare is covering part of the stay, use form 804D.
How to complete the 804C form:
1. Complete the Individual’s name, Address, SS# or MID, Date of Birth
2. Admission:
   a. Complete this form within 10 days after the coverage was needed
   b. Fill in the Admission Date
   c. Fill in Requested Start Date of Medicaid Coverage
   d. Check the box to indicate where the beneficiary was admitted from E. Fill in the last date that Medicaid coverage was needed
   f. Check the reason for no longer needing Medicaid coverage
3. Provide the Name of the Nursing Facility/Hospital and Person Completing the form
Form 804C: Short Term VT Medicaid Only Rehab Stay

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ADPC (Application and Document Processing Center):
Fax (802) 241-0514
280 State Drive Waterbury, VT 05671-1500
This form is used by Skilled Nursing Facilities and Hospitals that have Swing Bed status. This form is used to report dual Medicare/Medicaid Rehabilitation Stays. Please use this form if the beneficiary currently has an active Medicare/Medicaid eligibility and is in need of short-term coverage. Medicare is always the primary payor for individuals with both Medicare and Medicaid. VT Medicaid co-insurance coverage is day 21 to day 100 of the Medicare stay, following all Medicare standards, including a qualifying 3-day hospital stay. Other private insurance must be billed prior to VT Medicaid. If the beneficiary does not have Medicare, use form 804C.
How to complete the 804D form:
1. Complete the Individual’s name, Address, SS# or MID, Date of Birth
2. Provide the Name of the Nursing Facility/Hospital and Person Completing the form
3. Complete Section C of this form within 10 days of the need for Medicaid to pay the Medicare co-payment and within 10 days after the end of coverage for both Medicare/Medicaid.
   a. Fill in the Admission Date,
   b. Requested Start Date of Medicaid co-insurance
   c. Check the box where the beneficiary was admitted from
   d. Fill in the last date that Medicaid coverage was needed
   e. Check the reason for no longer needing Medicaid coverage
Form 804D: VT Medicaid/Medicare Stays

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### Where to submit forms

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If the appropriate 804 form is not submitted to the correct agency promptly, this will affect the payment to the provider of services. See table for summary information on how to find the forms, and where to submit each form.
Questions?

- Forms with detailed instructions:
  - ASD.Vermont.gov
- Questions for forms 804 and 804A – LTCCC or Program Supervisors
- Questions for forms 804B, 804C, 804D may be redirected to DVHA

Please feel free to reach out to your local LTCCC or program supervisors for support with filling out these forms. For the forms that are submitted to DVHA and ADPC, the LTCCC may recommend that you contact DVHA for support.
• To contact the Department of Disabilities, Aging & Independent Living, call 802 241-2401 or go online at dail.Vermont.gov and click “Contact Us”.

• To contact the Adult Services Division, call 802 241-0294 or go online at asd.Vermont.gov and click “Contact Us”.

DAIL: 802 241-2401
DAIL Online Contact Information: http://dail.vermont.gov/contact-us

ASD: 802 241-0294
ASD Online Contact Information: http://asd.vermont.gov/contact_us
I welcome your feedback on how to improve this training. Feel free to provide feedback via email:

Colleen.Bedard@vermont.gov