

**Choices For Care – Admission to Services & Change Report Form**

Complete when **admitting** a Choices for Care (CFC) or Brain Injury Program (BIP) applicant pending Medicaid or an active program participant. Complete this form for an address change or change in Legal Guardian.

Individual Name: _____ DOB: _____ SSN: _____

Address Change: _____

Legal Guardian Change: _____ Legal Guardian Phone: (_____) _____

A. Previous Setting

- | | |
|--|---|
| <input type="checkbox"/> Home-Based (CFC Traditional) | <input type="checkbox"/> Enhanced Residential Care |
| <input type="checkbox"/> Flexible Choices | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> Adult Family Care | <input type="checkbox"/> Hospital Swing Bed |
| <input type="checkbox"/> Brain Injury Program (Home Based) | <input type="checkbox"/> Brain Injury Program (Shared Living) |

B. Admission (Check the service option and write in the name of the service provider)

Date: _____

- Home-Based (Traditional)
- | | |
|---|----------------------|
| <input type="checkbox"/> ARIS: _____ | Provider ID #: _____ |
| <input type="checkbox"/> Home Health Agency: _____ | Provider ID #: _____ |
| <input type="checkbox"/> Brain Injury Program Agency: _____ | Provider ID #: _____ |
- Flexible Choices, Transition II
- Adult Family Care
- | | |
|--------------------------|----------------------|
| Authorized Agency: _____ | Provider ID #: _____ |
|--------------------------|----------------------|
- Enhanced Residential Care: _____ Provider ID #: _____
- Nursing Facility: _____ Provider ID #: _____
- | | |
|---|--|
| <input type="checkbox"/> Long Term Stay | <input type="checkbox"/> Short Term Stay |
|---|--|
- Hospital Swing Bed: _____ Provider ID #: _____

C. Case Management Agency (For Home Based or Flexible Choices only)

- Area Agency on Aging: _____
- Home Health Agency: _____

Completed by: _____ Phone: _____ Email: _____

Agency: _____ Provider ID#: _____

SEND TO: ADPC: 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514**AND** DAIL: Local Nurse (DAIL Database or Email) or Fax (802) 241-0385

804 – ADMISSION TO SERVICES & CHANGE REPORT FORM INSTRUCTIONS

The 804 form is completed by the provider “admitting” a program participant to their service. 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 or Brain Injury Program provider.

When this form is used:

- ❖ To report changes in care setting option for CFC applicants who are still pending LTC Medicaid or to report changes in care setting for active CFC Participants
- ❖ To report a change of address
- ❖ To report a change of Legal Guardian

Who completes this form:

- Choices for Care Case manager (AAA & HHA)
- Flexible Choices Advisor (Transition II)
- Authorized Agency (AA) for Adult Family Care
- Enhanced Residential Care (ERC) Provider
- Nursing Home
- Hospital Social Worker
- Brain Injury Program Case Manager/Provider Agency

How to complete the 804 form:

1. Complete the Individual’s name, Address, SS# or MID, Date of Birth and Legal Guardian (if changing)
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

Where to submit the 804 form:

DAIL Database Users: Send DAIL Database Alert to Local Nurse when form is completed. To request a contact list, call DAIL-Adult Services Division (802) 241-0294. Email or Fax completed form to (802)-241-0385

AND

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