

Vermont Department of Disabilities, Aging and Independent Living

**Home-Based Service Plan – Anderson Parkway**

Participant Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Please Print)

Address: \_\_\_\_\_  
 (Street/Box)

\_\_\_\_\_  
 (Town) (State) (zip)

Phone Number: \_\_\_\_\_

Initial Assessment  Reassessment  Change  
 Start Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD10 Code: \_\_\_\_\_

DAIL UR

Service (✓ box)	Provider (write in provider name)	Hours of Service	Rates	Cost/Month
<input checked="" type="checkbox"/> <b>Case Management</b>	<input type="checkbox"/> AAA:	Up to: <b>48hrs/yr</b>	\$75.12/hr.	\$300.48
	<input type="checkbox"/> Home Health:			
<input checked="" type="checkbox"/> <b>Personal Care</b>	<b>UVMHN HHH @ Anderson Parkway</b>	Up to: <b>24 hrs/day</b>	\$214.00/day	\$6,484.20
<input type="checkbox"/> <b>Adult Day</b>	Provider:	Up to: hrs/* <b>2 weeks</b>	\$16.72/hr.	
<input type="checkbox"/> <b>Respite Care</b> Not to exceed <b>720 hrs/calendar year</b> (combined with Companion).	<input type="checkbox"/> Home Health:	Up to: hrs/year	\$24.00/hr.	
	<input type="checkbox"/> Consumer: Payroll Agent ARIS	Up to: hrs/year	\$13.08/hr.	
	<input type="checkbox"/> Surrogate: Payroll Agent ARIS	Up to: hrs/year	\$13.08/hr.	
	<input type="checkbox"/> Adult Day:	Up to: hrs/year	\$16.72/hr.	
	<input type="checkbox"/> Res. Care Home:	Up to: days /year	\$101.76/day	
<input type="checkbox"/> <b>Companion</b> <b>NOTE:</b> See respite above.	<input type="checkbox"/> Home Health:	Up to: hrs/year	\$24.00/hr.	
	<input type="checkbox"/> Senior Comp. Program	Up to: hrs/year	\$8.44/hr.	
	<input type="checkbox"/> Consumer: Payroll Agent ARIS	Up to: hrs/year	\$13.08/hr.	
	<input type="checkbox"/> Surrogate: Payroll Agent ARIS	Up to: hrs/year	\$13.08/hr.	
<input type="checkbox"/> <b>Personal Emergency Response</b>	<input type="checkbox"/> Installation/First Month:		Up to \$61.00 one-time	
	<input type="checkbox"/> Ongoing:		Up to \$34.00/mo.	
<input type="checkbox"/> <b>Assistive Device/Home Mod.</b>	Item/Service: ( <b>\$825 calendar year max</b> )		Up to \$842.00/yr.	

**Total Monthly Cost:**

Other Services / Frequency	Payment Source	Other Services / Frequency	Payment Source
<input type="checkbox"/> Skilled Nursing:		<input type="checkbox"/> Hospice:	
<input type="checkbox"/> H.H. Aide (LNA):		<input type="checkbox"/> Other:	

**Department of Disabilities, 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

The Case Manager certifies that the service plan was developed with the participant /applicant or their legal representative and all parties fully understand the terms of the proposed plan and consent to the terms of the plan. The participant /applicant or their legal representative accept it as an alternative to other Choices for Care setting options.

**Yes**

▶

Date: \_\_\_\_\_

\_\_\_\_\_  
Case Manager Signature

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

### Important Information

**Appeal Rights:** Decisions made by the Department may be appealed to the DAIL Commissioner or the Human Services Board. See attached letter for detailed appeal rights.

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

**Consumer/Surrogate Directed Services:** Contact ARIS at (800) 798-1658 to enroll certified employers and employees for consumer/surrogate waiver services. Refer to the Employer Handbook for more information.

**Patient Share:** Refer to the Department of Vermont Health Access (DVHA) Notice of Decision for patient share amount (if any) and for the agency 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 changes (except consumer/surrogate directed services) will start no earlier than the date the Service Plan is received at the DAIL regional office. Consumer and surrogate directed service changes will start on the next full payroll period after the Service Plan is received at the DAIL regional office.

Forms are available online at: <http://asd.vermont.gov/>