



AGENCY OF HUMAN SERVICES

Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
Choices for Care Program
103 South Main St., Weeks 2
Waterbury, VT 05671-1601

TO: Choices for Care Case Management Providers
FROM: Megan Tierney-Ward, Aging and Disabilities Program Manager
DATE: March 19, 2013
RE: Choices for Care Case Management Billing while in Nursing Facility

This memo is to communicate the revised policy for providing and billing Choices for Care Case Management Services for people transitioning to the community from a Choices for Care nursing facility setting. Please see the attached Choices for Care Manual sections for details.

Choices for Care Case Management services may be provided and billed for up to 180 days after admission and/or preceding discharge from a nursing facility, when such services are clearly documented as facilitating the person's return to the community. Until now, all claims for these case management services had to be submitted after the person was discharged back to the community and if a person did not return to the community, the case management agency could not bill for those services. Over time, the Department found that this limitation was preventing access to case management and discharge planning services for some people wishing to return to the community. This is especially true for people in need of intensive case management services such as a search for housing.

Effective immediately, claims for Choices for Care Case Management services may be submitted while a person is still in the nursing facility in preparation for discharge. At any point, if the person is unable or chooses not to return to the community, case management services shall cease and claims shall be submitted for case management services that meet the standard for approved activities and other existing limits set forth in the Choices for Care program manual (*Section IV.1 Case Management Services and Section V.10 Enrollment & Billing Procedures*).

Please notify your local Long-Term Care Clinical Coordinator (LTCCC) by phone or email when your agency is providing Choices for Care case management services in preparation for discharge from a Choices for Care nursing home stay. The LTCCC will ensure your agency is properly identified in SAMS.

This change in policy is intended to facilitate discharges for individuals who choose to return to the community, while assuring compensation to the individual's chosen certified case management agency for the services provided.

Thank you for your continued support in helping Vermonters live as independently as possible in their communities of choice.