

PREFACE

The “Choices for Care”, Vermont Long-Term Care Medicaid program operates as a Research and Demonstration Project authorized under Section 1115(a) of the Social Security Act. This program provides long-term care services and preventative services to elderly or physically disabled Vermont adults who are eligible under the conditions of the Waiver as approved by the federal government. The primary goal of this Waiver is to provide Vermonters with equal access to either nursing facility care or home and community-based services, according to their choice. This Waiver is subject to approval by the Centers for Medicare and Medicaid (CMS), and is managed in compliance with the Operational Protocol approved by CMS.

The Department of Disabilities, Aging and Independent Living (DAIL) has developed this operational protocol manual for the purpose of describing the eligibility criteria, services and program procedures to assist individuals, case managers and service providers in planning and managing services. This manual shall act as a companion to existing Vermont State regulations.

DAIL shall revise and distribute this manual to provider agencies and other interested parties as necessary. A current version will be maintained online at the DAIL, Division of Disabilities and Aging Services (DDAS) website at <http://www.ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc>. Please forward any comments or suggestions regarding this manual to “Choices for Care” Administration, Vermont Department of Disabilities, Aging and Independent Living, 103 South Main Street, Weeks Building, Waterbury, VT 05671-1601 (802-241-1228).

This manual is dedicated to the caregivers and staff throughout Vermont who work diligently to support individuals to live with dignity and respect in the setting of their choice. Without their ongoing commitment to serving Vermonters, the “Choices for Care” program would neither exist nor succeed.

Glossary of Terms

AAA: Area Agency on Aging

Activities of Daily Living (ADL): Activities, as defined by the Department of Disabilities, Aging and Independent Living (DAIL), that are essential for self care, such as bathing, eating, transferring and toileting.

Adult Protective Services (APS): The unit within the Division of Licensing and Protection (DLP) responsible for processing, investigating and prosecuting reports of abuse, neglect and exploitation against vulnerable adult Vermonters.

Agency: A private non-profit organization which provides care or services.

Agency of Human Services: The Vermont state agency responsible for oversight of the Department of Disabilities, Aging and Independent Living (DAIL).

Applicant: An individual who has applied to the “Choices for Care”, Moderate Needs Group program to receive services.

Assessment: The tool and process used to document an individual’s strengths, needs, and unmet needs as they relate to health, social and functional status. The assessment is used to determine clinical eligibility for “Choices for Care”.

Authorized Representative: An individual who has been given legal authority to act on behalf of an applicant or participant.

Centers for Medicare and Medicaid Services (CMS): The federal office responsible for approving and monitoring the “Choices for Care” program.

“Choices for Care”: The program name used to identify Vermont Long-Term Care Medicaid services.

Choices for Care Team: The group of local provider agencies and other relevant organizations which meets on a regular basis to collaborate in managing “Choices for Care”, VT Long-Term Care Medicaid services, in accordance with the local/regional protocol.

Consumer: A person who has applied for services or who receives services.

Department for Children and Families (DCF): The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state financial eligibility determination for “Choices for Care”, VT Long-Term Care Medicaid services. DCF is also responsible for administration of other state health care and financial benefits for Vermonters.

Department of Disabilities, Aging and Independent Living (DAIL): The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state management, approval, and oversight of “Choices for Care”, VT Long-Term Care Medicaid services.

Division of Disability and Aging Services (DDAS): The division within the Department of Disabilities, Aging and Independent Living (DAIL) that is responsible for managing the “Choices for Care”, Long-Term Care Medicaid program.

Division of Licensing and Protection (DLP): The division within the Department of Disabilities, Aging and Independent Living (DAIL) responsible for the licensing and regulation of skilled nursing facilities, residential care homes, assisted living residences, and Medicare certified home health agencies. Adult Protective Services (APS) is located in DLP.

Home Health Agency (HHA): A Medicare Certified, non-profit home care service agency, authorized to provide “Choices for Care”, VT Long-Term Care Medicaid

(LTCM) services.

Instrumental Activities of Daily Living (IADL): Household tasks and other activities, as defined by the Department of Disabilities, Aging and Independent Living (DAIL), needed to meet one's needs while living in the community such as cleaning, cooking, shopping, managing medication, using transportation, and managing money.

Independent Living Assessment (ILA): An assessment tool used to document an individual's strengths and needs as they relate to health, social and functional status in the home-based setting.

Individual: A person who has applied for or is participating in "Choices for Care" (CFC), VT Long-Term Care Medicaid.

Legal Representative: An individual who has the legal authority, via a power of attorney document or court appointed guardianship, to make decisions or perform certain activities on behalf of another person.

Moderate Needs Coordinator: DAIL Staff that administers the Moderate Needs Program.

Office of Vermont Health Access (OVHA): The division within the Department for Children and Families responsible for administration and oversight of Vermont health care benefits.

Participant: A person who has been found eligible and receives VT Long-Term Care Medicaid services.

PASARR: "Pre-Admission Screening and Annual Resident Review", used to identify a need for active treatment due to a mental illness or mental retardation.

Provider: An individual, organization, or agency that has been authorized by the Department to provide "Choices for Care", Long-Term Care Medicaid services.

Recipient: A person who receives services.

Reimbursement: Payment for services which have been provided by a person or organization.

Service Authorization: A form completed by DAIL that authorizes Moderate Needs services for a specified time period which when approved by DAIL gives provider organizations authority to provide CFC services and submit claims for reimbursement.