

SECTION VII. Forms

The following forms may be obtained online at: <http://www.ddas.vermont.gov/ddas-forms> or by contacting the Department of Disabilities, Aging and Independent Living (DAIL) at (802) 241-1228. For a complete list of enrollment forms used for consumer-directed and surrogate-directed services, refer to the Consumer and Surrogate Directed Employer Handbook. Contact the payroll agent directly to obtain forms. Contact the local Department for Children and Families district office to obtain financial eligibility forms.

1. **Agreement for Live-in Care (CFC 808)**– Completed by the caregiver/homeowner and the individual when an individual is living and a live-in care arrangement and participating in Choices for Care services home-based setting. The case manager submits the agreement to the Department of Disabilities, Aging and Independent Living (DAIL) regional office with the initial assessment packet and whenever a change occurs to the agreement.
2. **Assistive Devices and Modifications Request (CFC 807)**- Completed by the case manager to request approval of assistive devices and modifications, submitted to DAIL regional office with Service Plan form for approval.
3. **Change Report form (CFC 804)** - Completed by the case manager or provider to report a change in setting, admission to hospital, nursing home changes, and terminations.
4. **Choices for Care Clinical Assessment (CFC 802)** – Completed by the regional DAIL Long-Term Care Clinical Coordinator (LTCCC) when an existing assessment is not available, incomplete or inaccurate. Used to gather enough information to determine clinical eligibility.
5. **Choices for Care Program Application (CFC 801)** – Used to apply individuals for Choices for Care and to initiate clinical eligibility determination.
6. **Clinical Certification (CFC 803)** –Completed by the DAIL regional Long-Term Care Clinical Coordinator (LTCCC). Used to certify clinical eligibility for Choices for Care services.
7. **Clinical Worksheet** - Completed by the regional DAIL Long-Term Care Clinical Coordinator (LTCCC) when determining clinical eligibility. Maintained in DAIL files as documentation of the individual’s clinical status.
8. **DSW 201, 201A, 201B, 202LTC, 204REC forms** – The Department for Children and Families (DCF) forms that an individual or their legal representative are required to complete to determine financial eligibility for Long-Term Care Medicaid. Other forms may be required, as determined by DCF. Contact the DCF district office for more information.
9. **Emergency Contacts and Back-up Plan form (CFC 809)** –Completed by the case manager together with the individual in the home-based setting. Must be posted in an obvious plan within the individual’s home. The information must be reviewed annually and updated when necessary.
10. **Employer/Agent Certification** – Completed by the case manager to determine whether an individual is able to direct care under the consumer/surrogate directed option in the home-based setting. The form is completed annually and submitted to DAIL regional office.
11. **Enhanced Residential Care (ERC) Service Plan form (CFC 805B)**- Completed by the case manager, signed by the consumer or guardian, and ERC provider; submitted to DAIL regional office for approval.
12. **High Needs Wait List Score Sheet (CFC 810)** - Completed by the regional DAIL Long-Term Care Clinical Coordinator (LTCCC) when there is a wait list for Choices for Care applicants who meet the High Needs Group clinical criteria.
13. **Home-Based Service Plan form (CFC 805A)**- Completed by the case manager, signed by the consumer or guardian and submitted to DAIL regional office for approval.
14. **Independent Living Assessment (ILA) form** - Completed by the case manager as part of the initial assessment and reassessment process in the home-based setting. The ILA leads to the creation of a

- Service Plan for the individual. It is submitted with the Service Plan to the DAIL regional office.
15. **Long-Term Care Medicaid Financial Application form**—Completed by the individual or legal representative and submitted to the Department for Children and Families. Used to determine Choices for Care, Long-Term Care Medicaid financial eligibility.
 16. **Minimum Data Set (MDS)** –Completed by nursing facility providers according to state and federal regulations.
 17. **Permission for Release of Information** – Completed by the LTCCC with the individual. Used to obtain permission to share information regarding the Choices for Care application and assessment.
 18. **Personal Care Worksheet (CFC 806)**- Completed by the case manager together with the ILA and is used in determining the volume of personal care that will be submitted on the Home-Based Service Plan.
 19. **Residential Care Home Resident Assessment Tool (RCHRAT)**– Completed by the Enhanced Residential Care Home provider as a part of the initial assessment and annual reassessment process in the ERC setting. The RCHRAT leads to the creation of a Service Plan and Tier rate for the individual.
 20. **Transitional Service Plan (CFC 811)** – Completed by the regional DAIL Long-Term Care Clinical Coordinator (LTCCC) after the initial clinical eligibility determination is made. The plan is for the purpose of estimating the volume of and/or type of Choices for Care services in order for providers to plan for services. A copy is provided to Choices for Care provider agencies pending the DCF financial determination decision.
 21. **Transitional Service Plan Worksheet** - Completed by the regional DAIL Long-Term Care Clinical Coordinator (LTCCC) after the initial clinical eligibility determination is made. The worksheet is used to estimate the volume of personal care services for the Transitional Service Plan.