

**State of Vermont
Adult Services Division
TBI Program**

TBI PROGRAM PROVIDERS

1. Addison Home Health Care Agency
P.O. Box 754
254 Ethan Allen Highway
Middlebury, VT 05753
Phone: (802) 388-7259
Contact: June Glebus, RN
Email: jglebus@achhh.org
Web: www.achhh.org
2. Bayada Nurses
110 Kimball Avenue, Suite 250
South Burlington, VT 05403
Phone: 1(800) 44 -NURSE or (802) 655-7111
Contact : Tracey Chellis
Email: tchellis@bayada.com
Fax: (802) 861-2921
Web: www.bayada.com
3. Central VT. Home Health and Hospice
600 Granger Road
Barre, VT 05641
Phone: (802) 223-1878
Contacts: Sandi Rousse
Email: srousse@cvhhh.org
Fax: (802) 223-2861
Web: www.cvhhh.org
4. Choice TBI Support Services
23 Jones Brothers Way Barre, VT 05641
Phone: (802) 622-8122
Contact: Linda Ormsbee, Nicole Pierce
Email: lormsbee@comcast.net
5. Community Associates
109 Catamount Park
Middlebury, VT 05753
Phone: (802) 388-4021
Contact: Paula Dougherty
Email: pdougherty@csac-vt.org
Fax: (802) 388-1868
Web: www.csac-vt.org/main.html
6. Eagle Eye Farm, Inc.
PO Box 247
3014 Newark Road
West Burke, VT 05871
Phone: (802) 723-9797
Contacts: Earl Whitmore
Email: ewhitmoreeef@gmail.com
Fax: (802) 723-9797
7. Head Injury / Stroke Independence Project
Lenny Burke's Farm
PO Box 1837-A
Rutland, VT 05701
Phone: (802) 446-2302
Contacts: Kevin Burke
Email:
B1840house@aol.com
Fax: (802) 446-3780
8. Health Care & Rehabilitation Services
390 River Street
Springfield, VT 05156
Phone: (802) 886-4500
Contact: Terrisa Clark
Phone: (802) 886-4567 x7208
Email: taclark@hcrs.org
Fax: (802) 257-5769

9. Lamoille Home Health & Hospice
54 Farr Avenue
Morrisville, VT 05661
Phone: (802) 888-4651
Contacts: Kathy Demars, RN
Beverly Lemieux
Email: kdemars@lhha.org
blemieux@lhha.org
Fax: (802) 888-7822
10. Manchester Health Services, Inc.
PO Box 1224
Manchester Center, VT 05255
Phone: (802) 362-2126
Contact: Mildred C. Dunn, MS, RN
Email: milliedunnrn@yahoo.com
Fax: (802) 362-4884
Web: www.manchesterhealthservices.com
11. Northern Counties Health Care
Caledonia Home Health Care & Hospice
161 Sherman Drive
St. Johnsbury, VT 05819
Phone: (802) 748-8116
Contact: Pat MacNichols RN
Email: patriciam@nchcvt.org
Fax: (802) 748-4628
12. Northwest Counseling & Support Services
107 Fisher Pond Rd.
Saint Albans, VT. 05478
Phone: (802) 524-6555 X 6489 or (802) 393-6489
Contact: Kathleen Brown
Email: Kathleen.brown@ncssinc.org
Fax: (802) 524-3894 or (802) 527-8161
Web: www.ncssinc.org
13. Orleans – Essex VNA & Hospice
46 Lakemont Road
Newport, VT 05855
Phone: (802) 334-5213
Contact: Tony Tribul
Email: ttribul@oenvna.org
Fax: (802) 334-8822
Web: www.vna-vermont.org
14. PRIDE Supports and Services, Inc.
PO Box 969
Barre, VT. 05641-0969
Phone: (802) 479-5801
Contact: Michele Corrow, Kim Daniels
Email: mmv1266@aol.com or kdaniels@TDS.net
Lmartin@pridetbi.com
Fax: (802) 479-9648
15. Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464
Phone: (802) 644-8708
Contacts: Chuck Erickson, Carl Erickson
Email: rlsci@yahoo.com
Fax: (802) 644-6697
Web: www.riverviewlifefskillscenter.com
16. Rutland Area Visiting Nurses Association
7 Albert Cree Drive
Rutland, VT 05701
Phone: (802) 775-0568
Contact: Bea Wells, MSW, LICSW
Email: bwells@ravnah.org
Fax: (802) 770-1545
Web: www.ravnah.org
17. Rutland Mental Health Services, Inc.
78 South Main Street / PO Box 222
Rutland, VT 05701
Phone: (802) 775-0828
Contact: Gerald Bernard, Director
Email : jbernard@rmhscn.org
Fax: (802) 747-7692 or 773-3705
Web : www.rmhscn.org
18. Geen Mountain Support Services
109 Professional Drive
Morrisville, VT 05661
Phone: (802) 888-7602
Contact: Sonja Crowe
Email: sonjac@GMSSI.com
Fax: (802) 888-1182
Web: www.sterlingarea.org

19. United Counseling Services P.O. Box 588100 Ledge Hill Drive Bennington, VT 05201 Phone: (802) 442-5491 Contact: Kathy Hamilton Email: khamilton@ucsvt.org Fax: (802) 442-1701

20. Upper Valley Services Inc. P.O. Box 317 Bradford, VT 05033 Phone: (802) 222-9235 Contact: Bill Ashe Email: bashe@uvs-vt.org

21. VNA and Hospice of Southwestern Vermont Healthcare Services
160 Benmont Ave. Suite 17
Bennington, VT 05201
Phone: (802) 442-5502
Contact: Sharon Moore, RN
Email: moosh@phin.org
Fax: (802) 442-4919

22. Washington County Mental Health Services
50 Granview Drive
Barre, VT 05641
Phone: (802) 479-2502
Contact: Margaret Bardossi, Dev. Svc. Asst. Prog.
Email: megb@wcmhs.org
Fax: (802) 479-4056
Web: www.wcmhs.org

**State of Vermont
Division of Disability and Aging Services
TBI Program**

PROVIDER AGENCY

Description:

Provider Agencies are home health agencies, community mental health centers licensed under state statutes, and other independent service providers who are approved by the State of Vermont, Department of Disabilities, Aging, and Independent Living and who meet the standards as indicated.

Each Provider Agency will develop and submit a written plan outlining their TBI program for review and approval. The document will include the scope of services required by the State TBI Program service definitions (i.e., case management services, rehabilitation services, community support, assistive technology services, crisis support, respite services, and psychology & counseling supports), and will assure compliance with the standards established under each service.

Standards:

1. The Commissioner of the Department of Disabilities, Aging and Independent Living will approve Provider Agencies based on the recommendation of a review committee. This committee may consist of the TBI Program Supervisor, a physician skilled in TBI, a psychologist, a consumer, consultants skilled in TBI, and other professionals as needed. The committee will formulate its recommendation based on the written plan submitted by the agency and on-site visits as needed.
2. The Provider Agency will adhere to the background check policy. Verification of such checks shall be maintained in files at the Provider Agency and be available on request.
3. Provider Agencies will employ, train and supervise case managers. See Case Management job description for requirements.
4. Provider Agencies will employ, train and supervise life skills aides (LSA). See LSA job description for requirements.
5. Provider Agencies will assure provision of community support in home and/or community settings. Residences will be licensed by the appropriate State agency when required.
6. The Provider Agency must complete the Housing Standards forms as required by the DDAS policy. It is recommended that providers adhere to the DDAS Housing Standards Policy, even those not receiving community support funding. This is required for all homes receiving community

funding.

7. Provider Agencies will develop contracts with service providers as appropriate. This contract must reflect the appropriate standards of the services to be performed, the duration of contract, and signatures of both parties. The contract must include and adhere to the DAIL background check policy. Verification of such must be maintained in files at the Provider Agency and be available on request.
8. The Provider Agency must submit an initial TBI Service Plan via specified TBI database within 30 days of admission to the program and it must be updated or revised a minimum of every six months for consumers on the Rehabilitation Program and annually for consumers on the Long Term Program. The Agency must use the required TBI Service Plan assessment and submit via the TBI database.

For Students, this program is designed to supplement, not replace, the educational services that a student is entitled to under Federal and State Laws and Regulations.

9. Provider Agencies must provide pre-service training and at least 3 on-going relevant training opportunities per year to maintain competencies. Trainings may include, but are not limited to: self study (reading TBI related books, journals, periodicals, and videos), attending Case Management or Life Skills Aide meetings offered by the TBI Program, or TBI conferences. Training records and reports must be maintained at the Provider Agency and available upon request by the State.
10. Provider Agencies are responsible for development, coordination and provision of all services identified in TBI Service Plan and the TBI Care Plan and will utilize appropriate consultants as necessary. Consultants may include, but are not limited to physicians, psychologists, physical therapists, occupational therapists and speech therapists. Consultants shall have a state license and have 1-2 years of experience working with survivors of traumatic brain injury.
11. The Provider Agency must provide or arrange transportation that meets the individual's needs and allows them access to community activities. If the Agency provides transportation, it must meet the State's minimum insurance requirements. Current driving license and insurance is required and must be available upon request.
12. The following supporting documents are required and must be submitted to the TBI Program Supervisor in a timely manner:

INDIVIDUALS WITH REHABILITATION SERVICES:

- TBI Independent Living Assessment will be submitted 30 days after admission and every six months thereafter.
- TBI Evaluation will be due three months after admission and every three months thereafter.
- TBI Care Plan – while there is no action required on this form any errors or concerns must be reported to the TBI Program Supervisor immediately.
- TBI Service Plan - written by the Provider Agency with team input within 30 days of admission to the program and every six months thereafter. Required signatures must be kept on file at the Provider Agency.

INDIVIDUALS WITH LONG TERM SERVICES:

- TBI Independent Living Assessment will be submitted 30 days after admission and every twelve months thereafter.
- TBI Evaluation - this report will be due six months after admission and every six months thereafter.
- TBI Care Plan - while there is no action required on this form any errors or concerns must be reported to the TBI Program Supervisor immediately.
- TBI Service Plan written by the Provider Agency with team input, within 30 days of admission and every twelve months thereafter. Required signatures must be kept on file at the provider agency.

All documents may be updated and submitted to the TBI Program more frequently as needed.

Failure to submit documents in a timely manner will result in a delay in claims processing. Electronic submission of documentation via TBI database is required.

13. The following additional documents are required and must be available on request from the TBI Program Supervisor or others as appropriate. **(Failure to do so will result in delay in claims processing).**

- Life Skills Aides Report (weekly or daily report)
- Case Management Log
- Caregiver's log
- Care Conference Minutes - this record shall include the consumer's signature, which may result in changes in the TBI Service Plan
- A weekly activities schedule that reflects a record of the individual's rehabilitation activities

14. Room and board is a separate item and not part of community supports. It is not included though the TBI Program; it is paid to the Provider Agency by the consumer from SSI / SSDI income. If the consumer is on SSI or SSDI, he or she must be allowed to keep the Personal Allowance as deemed appropriate by the Social Security Administration. Room and board shall not exceed SSI income, minus \$89/month. Documentation of room and board charges, payment, and allowance must be available upon request.
15. Provider will maintain liability insurance as required by the State. Proof of insurance must be available upon request.
16. Providers will comply with the annual DDAS Provider Agreement.
17. Providers will develop their own processes and policies to address consumer complaints.
18. All TBI Providers are mandated to maintain current licenses for TBI databases. Required documentation must be submitted via the Social Access Management System (SAMS). See appendix for SAMS details.

***** If at any point during program services the Provider Agency is unable to meet the needs of the consumer, the TBI Program Supervisor / designee and consumer must be notified in writing. The Provider Agency will give a minimum of a 30-day notice and will assist with development and implementation of a transition plan. The State may require an extension of service provision beyond the 30 days to ensure a successful transition.**

******Failure to comply with these standards will result in loss of approval from the Department of Disabilities, Aging, and Independent Living.**

**State of Vermont
Division of Disability and Aging Services
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DOCUMENTATION REQUIREMENTS

TO BE KEPT ON FILE WITH PROVIDER AGENCY:

1. Life Skills Aide Report
 - Tracks activities and progress
 - Providers may choose to use either the LSA Daily Report or the LSA Weekly Report
2. Case Management Reporting Log
 - Substantiates hours billed
 - Serves as record of activities
3. Care Conference Minutes with appropriate signatures
 - Documents results of monthly team meetings
4. A weekly activities schedule
 - Promotes independence
 - Provides consistency and structure
5. Admission / Transfer / Discharge Checklist
 - Required to be completed when transitioning a consumer to another program.
6. ORIGINALS of all documents

DOCUMENTS SUBMITTED TO WATERBURY:

1. TBI Independent Living Assessment
 - Initial – due within 30 days of admission to program
 - Revisions – every 6 months for Rehabilitation consumers; Annually for Long term consumers (or more frequently as needed)
 - *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*
2. Home Evaluation in accordance with DDAS Procedure
 - Required for unlicensed placements
 - Required when individuals receive community funding
3. TBI Service Plan
 - Initial – due within 30 days of admission to program

Revision Date: 06/24/2016

- Revisions – every 6 months from Start Date for Rehabilitation consumers; Annually for Long term consumers (or more frequently as needed)
- *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*

4. TBI Evaluation

- Required every 3 months from start date for Rehabilitation consumers and every 6 months for Long term consumers
- *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*