

**State of Vermont  
Division of Disability and Aging Services  
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](mailto:jglebus@achhh.org)  
Web: [www.achhh.org](http://www.achhh.org)
2. Central VT. Home Health and Hospice  
600 Granger Road  
Barre, VT 05641  
Phone: (802) 223-1878  
Contacts: Judy Peterson, RN  
Phone: (802) 224-2222  
Email: [judy.peterson@hitchcock.org](mailto:judy.peterson@hitchcock.org)  
Fax: (802) 223-2861  
Web: [www.cvhhh.org](http://www.cvhhh.org)
3. Community Associates (CSAC)  
109 Catamount Park  
Middlebury, VT 05753  
Phone: (802) 388-4021  
Contact: Jennifer Murdoch  
Email: [jmurdoch@csac-vt.org](mailto:jmurdoch@csac-vt.org)  
Fax: (802) 388-1868  
Web: [www.csac-vt.org/main.html](http://www.csac-vt.org/main.html)
4. Eagle Eye Farm, Inc.  
PO Box 247  
3014 Newark Road  
West Burke, VT 05871  
Contacts: John Alexander, M.Ed.  
Jennifer Alexander-Whitmore, M.Ed.  
Email: [eeef@sover.net](mailto:eeef@sover.net)  
Phone: (802) 723-9797  
Fax: (802) 525-6939
5. Head Injury / Stroke Independence Project  
PO Box 1837-A  
Rutland, VT 05701  
Phone: (802) 446-3017 or (802) 446-2302  
Contacts: Emmie Burke, Kevin Burke, &  
Richard Marceau  
Email: [eburke7773@aol.com](mailto:eburke7773@aol.com)  
[B1840house@aol.com](mailto:B1840house@aol.com)  
Fax: (802) 446-3780 or (802) 773-9914 (home)
6. Health Care & Rehabilitation Services (HCRS)  
49 School Street  
Hartford VT 05057  
Phone: (802) 295-3031  
Contact: Josh Compton  
Email: [jcompton@hcrs.org](mailto:jcompton@hcrs.org)  
Fax: (802) 295-0820
7. Lamoille Home Health & Hospice (LHHH)  
54 Farr Ave  
Morrisville, VT 05661  
Phone: (802) 888-4651  
Contacts: Kathy Demars, RN  
Email: [kdemars@lhha.org](mailto:kdemars@lhha.org)  
Fax: (802) 888-7822
8. Manchester Health Services, Inc. (MHHA)  
PO Box 1224  
5468 Main Street  
Manchester Center, VT 05255  
Phone: (802) 362-2126  
Contact: Mildred C. Dunn, MS, RN  
Email: [milliedunrn@yahoo.com](mailto:milliedunrn@yahoo.com)  
Fax: (802) 362-4884  
Web: [www.manchesterhealthservices.com](http://www.manchesterhealthservices.com)

9. Northern Counties Health Care (NCHC)  
Caledonia Home Health Care & Hospice  
161 Sherman Drive / PO Box 383  
St. Johnsbury, VT 05819  
Phone: (802) 748-8116  
Contact: Pat MacNichols RN  
Email: [patm@nchcvt.org](mailto:patm@nchcvt.org)  
Fax: (802) 748-4628
10. Northwest Counseling & Support Services (NCSS)  
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](mailto:Kathleen.brown@ncssinc.org)  
Fax: (802) 524-3894 or (802) 527-8161  
Web: [www.ncssinc.org](http://www.ncssinc.org)
11. Orleans – Essex VNA & Hospice (OHHA)  
46 Lakemont Road  
Newport, VT 05855  
Phone: (802) 334-5213  
Contact: Tony Tribul  
Email: [ttribul@oenva.org](mailto:ttribul@oenva.org)  
Fax: (802) 334-8822  
Web: [www.vna-vermont.org](http://www.vna-vermont.org)
12. PRIDE Supports and Services, Inc. (PRI)  
24 Rudd Farm Drive  
Barre, VT. 05641  
Phone: (802) 479-5801  
Contact: Michele Corrow, Kim Daniels  
Email: [mmv1266@aol.com](mailto:mmv1266@aol.com) or [kdaniels@TDS.net](mailto:kdaniels@TDS.net)  
Fax: (802) 479-9648
13. Professional Nurses Service, Inc. (PNS)  
A Bayada Partner  
110 Kimball Avenue, Suite 250  
South Burlington, VT 05403  
Phone: 1(800) 44 -NURSE or (802) 655-7111  
Contact : Nancie Murdough, RN  
Email: [n.murdough@pronurses.com](mailto:n.murdough@pronurses.com)  
Fax: (802) 861-2921  
Web: [www.pronurses.com](http://www.pronurses.com)
14. Riverview Life Skills Center (RVL)  
197 Highlander Drive  
Jeffersonville, VT 05464  
Phone: (802) 644-8708  
Contacts: Chuck Erickson or Charlie Erickson  
Email: [rlsci@yahoo.com](mailto:rlsci@yahoo.com)  
Fax: (802) 644-6697
15. Rutland Area Visiting Nurses Association (RVNA)  
7 Albert Cree Drive  
Rutland, VT 05701  
Phone: (802) 775-0568  
Contact: Wendy Daley, RN  
Email: [wdaley@sover.net](mailto:wdaley@sover.net)  
Fax: (802) 770-1545  
Web: [www.ravnah.org](http://www.ravnah.org)
16. Rutland Mental Health Services, Inc. (RMHS/CAP)  
78 South Main Street / PO Box 222  
Rutland, VT 05701  
Phone: (802) 775-0828  
Fax: (802) 747-7692 or 773-3705  
Contact: Gerald Bernard, Director  
Email : [jbernard@rmhscn.org](mailto:jbernard@rmhscn.org)  
Web : [www.rmhscn.org](http://www.rmhscn.org)

17. Sterling Area Services (SAS)  
109 Professional Drive  
Morrisville, VT 05661  
Phone: (802) 888-7602  
Contact: Kevin O’Riordan or Marilyn Carter  
Email: [marilync@sterlingarea.com](mailto:marilync@sterlingarea.com)  
Fax: (802) 888-1182  
Web: [www.sterlingarea.com](http://www.sterlingarea.com)
18. United Counseling Service, Inc.  
PO Box 588  
100 Ledge Hill Drive  
Bennington, VT 05201  
Phone: (802) 442-5491  
Contact: Kathy Hamilton  
Fax: (802) 442-1707 1<sup>st</sup> Floor  
(802) 442-3363  
Email: [khamilton@ucsvt.org](mailto:khamilton@ucsvt.org)
19. Visiting Nurses Alliance & Hospice of VT & NH (VTNH)  
38 Pleasant Street  
Springfield, VT 05156  
Phone: (802) 885-2503  
(603) 448-1597, Lebanon office  
(800) 575-5162, Admissions Office  
Contact: Beverly Thorpe  
Phone: (802) 885-2503  
Fax: (802) 295-3163 or (802) 886-2557  
Email: [bthorpe@vnavnh.org](mailto:bthorpe@vnavnh.org)  
Web: [www.vnahospicevtnh.org](http://www.vnahospicevtnh.org)
20. Visiting Nurses Association (CVCS)  
Chittenden and Grand Isle Counties  
1110 Prim Road, Suite 1  
Colchester, VT 05446  
Phone: (802) 658-1900 x4474  
Contact: Carole McCay, RN  
Email: [mccay@vna-vermont.org](mailto:mccay@vna-vermont.org)  
Fax: (802) 860-4454  
Web: [www.vna-vermont.org](http://www.vna-vermont.org)
21. VNA and Hospice of Southwest Vermont (SWVN)  
160 Benmort Ave, Suite 17  
Bennington, VT 05201  
Phone: (802) 442-5502  
Contact: Sharon Moore, RN  
Email: [moosh@phin.org](mailto:moosh@phin.org)  
Fax: (802) 442-4919
22. Washington County Mental Health Services (WCMH)  
50 Grandview Drive  
Barre, VT 05641  
Phone: (802) 479-2502  
Contact: Margaret Bardossi, Dev. Svc. Asst. Prog.  
Email: [megb@wcmhs.org](mailto:megb@wcmhs.org)  
Fax: (802) 479-4056  
Web: [www.wcmhs.org](http://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.
4. Provider agencies will employ, train and supervise life skills aides (LSA). See LSA job description.
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 all homes, even those not receiving community support funding, be inspected for safety and accessibility utilizing the Housing Standards.

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 Individual Service Plan (ISP) within 30 days of admission to the program and it must be updated or revised every six months for consumers on the Rehabilitation Program and annually for consumers on the Long Term Program. The agency must use the TBI Program ISP Template.

*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 Individual Service Plan and the Financial Plan of Care 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 LONG TERM SERVICES:**

- Independent Living Assessment will be submitted 30 days after admission and every twelve months thereafter.
- Home Evaluation: This must be submitted in accordance to the

DDAS Housing Standards procedure.

- Long Term Semi-Annual Evaluation. This report will be due six months after admission and every six months thereafter.
- Financial Plan of Care (FPC). This must be signed by the case manager and a copy must be returned to the TBI Program Supervisor within 15 days.
- Individual Service Plan (ISP) - written by the Provider Agency within 30 days of admission and every twelve months thereafter.

**INDIVIDUALS WITH REHABILITATION SERVICES:**

- Independent Living Assessment will be submitted 30 days after admission and every six months thereafter.
- Home Evaluation: This must be submitted in accordance to the DDAS Housing Standards procedure.
- Rehabilitation Quarterly Evaluation. This report will be due three months after admission and every three months thereafter.
- Financial Plan of Care (FPC). This must be signed by the case manager and a copy must be returned to the TBI Program Supervisor within 15 days.
- Individual Service Plan (ISP) - written by the Provider Agency within 30 days of admission to the program and every six months thereafter.

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 is strongly encouraged.**

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 ISP
- 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 Traumatic Brain Injury Provider Agreement.

17. Providers will develop their own processes and policies to addressing consumer complaints.

**\*\*\* 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.**

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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

**COPIES SENT TO WATERBURY:**

1. Independent Living Assessment with appropriate signatures
  - 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
3. Individual Service Plan with appropriate signatures
  - Initial – due within 30 days of admission to program

Revision Date: 06/01/09

- 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. Case Manager Signed Financial Plan of Care (FPC)
    - Required to be signed and returned to TBI Program within 15 days
  5. Rehabilitation Quarterly or Long Term Semi-Annual Report with appropriate signatures
    - 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.*