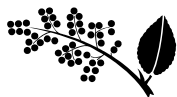


Choices for Care
Vermont Long-Term Care

Participant Handbook

June 2009



This information is important. If you do not understand it, take it to your local office for help.

Ces informations sont importantes. Si vous ne les comprenez pas, apportez-les à votre bureau local pour recevoir de l'aide. **French**

Это важная информация. Если она Вам непонятна, возьмите это письмо и обратитесь за помощью в местное отделение. **Russian**

Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć. **Serbo-Croatian**

Esta información es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda. **Spanish**

Maelezo ya barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi. **Swahili**

Thoâng tin naøy raát quan troing. Neáu quyù vò khoâng hieâu noãi dung trong ñoù, haøy ñem thõ naøy ñeán vaên phoøng taï ñòa phõøng cuõa quyù vò ñeã ñõõic giuùp ñõõ. **Vietnamese**

Vermont Agency of Human Services
Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
103 South Main Street – Weeks 2
Waterbury, Vermont 05671-1601
802-241-1228 (voice/ttd)
www.dail.vermont.gov

Your Case Manager or Program Contact: _____
Phone: _____

This document is available in alternative format upon request.



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CHAPTER I: Introduction

Welcome! You have chosen the Vermont Choices for Care Medicaid Waiver (CFC) program to help provide your long-term care services. The Department of Disabilities, Aging and Independent Living (DAIL), Division of Disability and Aging Services (DDAS) manages the **Choices for Care** (CFC) program. It was created to help Vermont elders and adults with physical disabilities pay for long-term care services in the setting of their choice.

This Participant Handbook was created to:

- Help you understand the program,
- Help you understand your rights and responsibilities in the program,
- Help you understand provider rights and responsibilities,
- And help you know who to contact when you need assistance.

Where can you receive Choices for Care services?

1. In your home or the home of another person, or
2. In an approved Residential Care Home or Assisted Living Residence, or
3. In an approved Nursing Facility.

This Participant Handbook will tell you more about what is available and the limitations under each **Choices for Care** option.

Where can you get more information?

For more information about the **Choices for Care** program you may:

- Contact your case manager or program contact written on the front of this handbook.
- Contact the provider of your services or the local Long-Term Care Clinical Coordinator (LTCCC) listed in the back of this handbook.
- Contact a VT Long-Term Care Ombudsman listed in the back of this handbook.
- Contact the Division of Disability and Aging Services (DDAS) at (802) 241-1228 or find information online at <http://www.ddas.vermont.gov/>.
- For financial eligibility information, contact the Department for Children and Families (DCF), Economic Services Division (ESD) listed in the back of this handbook.



CHAPTER II: Eligibility

What are the eligibility criteria for Choices for Care?

To be eligible, you must:

- a) be a Vermont resident;
- b) be at least 18 years old (55 or older for the PACE option);
- c) meet the clinical criteria (nursing home level of care);
- d) be financially eligible for Vermont Long-Term Care Medicaid.

NOTE: Individuals who want to manage their own services at home must also meet all EMPLOYER eligibility guidelines.

Once you are on the program, your eligibility will be reviewed on a regular basis (at least once a year) to make sure you continue to meet all of the eligibility criteria.

What are the clinical eligibility criteria?

The clinical eligibility criteria for the Choices for Care program is the same as “**nursing home level of care**”. To make sure you meet these clinical criteria, a Long-Term Care Clinical Coordinator (LTCCC) nurse assesses your abilities and the help you need with things such as:

- Activities of Daily Living - how you manage day-to-day with activities like dressing, bathing, walking, and using the bathroom
- Cognition - how you remember and use information
- Medical conditions and treatments

Once you are on the program, your clinical eligibility will be reassessed at least once a year. If your health and care needs improve and you no longer need nursing home level of care, you will receive a notice letting you know you are no longer eligible for the program. The notice will also explain your appeal rights.

What is the financial eligibility criteria?

To be eligible for Choices for Care you must meet all Long-Term Care Medicaid financial criteria. To determine financial eligibility, your local Department for Children and Families (DCF), Economic Services Division (ESD) looks at your income, assets and whether you gave away assets such as money or real estate. While you are on the program, ESD will send you financial review forms once every 6-12 months. You must complete and return the review forms timely so ESD can review your eligibility for Long-Term Care Medicaid and continue your participation on the program. ***If you do not complete and return your review forms, your Medicaid eligibility will be closed and you will be terminated from the program, including all of your Choices for Care program services.***

If at any time you are found ineligible for Long-Term Care Medicaid, you will receive a notice from DCF. The notice will also explain your appeal rights.

NOTE: While you are on the program, you must report certain changes to DCF as described in your DCF financial eligibility notice.



CHAPTER III: Program Options

For more information and service limitations, go online to the Choices for Care Program Manual at <http://www.ddas.vermont.gov/>. These services are not intended to replace other Medicare, Medicaid or health insurance covered services you may already be receiving or are eligible to receive.

How can you receive care in your own home or the home of another person?

A. Home-Based Services:

If you would like to have a choice of multiple services while living in your own home or the home of another person, you may be interested in this option. The home-based option uses case management services to help you create a plan for services which is based on your abilities and needs. Case management services are provided by either your local Area Agency on Aging or approved Home Health Agency.

→ Services Include:

1. Case Management –assists in obtaining, coordinating and monitoring services
2. Personal Care –assists with activities of daily living such as dressing, toileting and transferring.
3. Adult Day – Adult Day centers provide meals, activities, nursing, personal care and supervision.
4. Respite – a break for your unpaid caregiver such as a family member.
5. Companion – read mail, write letters, play cards, social visits, etc.
6. Personal Emergency Response (PERS) – phone line button to call for help.
7. Assistive Devices/Home Modification – such as a ramp to your home or a reacher-grabber.

NOTE: The amount of Personal Care Services approved is based on your assessed unmet needs and is limited. Ask your case manager or LTCCC if you have any questions.

There are two ways to manage your home-based Personal Care, Respite Care and Companion Services. Your case manager can help you decide which option best fits your needs. They are:

1. **Agency Directed Services**: If you would like a home health agency to hire, supervise and manage your Personal Care, Respite and Companion Services, you may be interested in the Agency Directed option. With this option, scheduling of your care is based on the type of care that you need as identified in a service plan and the agency's availability of staff. If you have any questions or concerns regarding staffing of your care, please contact your local home health agency listed in the back of this handbook.

2. **Consumer/Surrogate Directed Services**: If you or a trusted person (surrogate) you know living nearby, are able and willing to hire, supervise and manage your own caregivers, you may be eligible under the Consumer or Surrogate Directed option. This option gives you more control over who you hire and how you schedule your care. You or your surrogate becomes the “employer”. Speak with your case manager if you are interested in this option.

B. **Flexible Choices**: Flexible Choices is the home-based option that offers you the most flexibility and control of your care plan. While Flexible Choices expects a lot of you, it gives you the opportunity to design your care in the way that best meets your needs. To be eligible for this option, you must be able to supervise and manage your own care and services or have an eligible surrogate who can do it for you.

Flexible Choices approves a monthly **allowance**, which is based on your assessed needs. Working with a **Flexible Choices consultant**, you develop a **budget** for how you will spend that allowance in a way that best meets your needs. Case management services are only available if you decide to include it in your budget. However, if you chose to pay your spouse to provide personal care, you must include a certain amount of case management in your budget.

In your budget you can decide:

- **How much you want to pay** your caregivers,
- To **save up** unspent amounts from the allowance from week to week to use when you really need them,
- To **purchase things** to keep you healthy and independent,
- To have a **small amount of cash** to pay for things like shoveling your walk or paying for rides to the store.

NOTE: The amount of your approved Flexible Choices allowance is based on your assessed needs and is limited. Ask your Flexible Choices consultant or LTCCC if you have any questions.

C. **Program for All Inclusive Care for the Elderly (PACE)**: PACE is a program that combines your Medicare and/or Medicaid benefit so that the PACE organization can arrange for and provide all of your health care services. The following additional eligibility criteria apply:

- You must be at least 55 years old ,
- You must live in one of the following areas:
 - Chittenden County or the towns of South Hero or Grand Isle.
 - Rutland County or the towns of Dorset, Rupert or Manchester.
- You must be able to live safely in the community with services from PACE.

You must agree to use the PACE physician as your primary physician.

→ The PACE benefit package includes, but is not limited to:

1. Interdisciplinary team assessment and treatment planning,
2. Primary care services including physician and nursing services,
3. Social work services,
4. Restorative therapies, including physical therapy, occupational therapy and speech-language pathology,
5. Medications delivered to your home,
6. Personal care and supportive services,
7. Nutritional counseling,
8. Recreational therapy,
9. Transportation to appointments,
10. Meals at the PACE site,
11. Medical specialty services,
12. Laboratory tests, x-rays and other diagnostic procedures,
13. Drugs and biologicals,
14. Prosthetics and durable medical equipment, corrective vision devices such as eyeglasses and lenses, hearing aids, dentures and repairs and maintenance for these items,
15. Acute inpatient care,
16. Nursing facility care.

What services can you receive in a Residential Care Home or Assisted Living Residence?

If you would like to live in a Residential Care Home or Assisted Living Residence where you can receive care and supervision 24 hours per day, you may be interested in the “Enhanced Residential Care” (ERC) option. In ERC, Medicaid pays a daily rate to eligible VT Licensed Residential Care Homes and Assisted Living Residences to provide you with a package of services. You pay the home for your room and board. Case management services are also provided through your choices of the local Area Agency on Aging or approved Home Health Agency. A list of ERC providers can be found online at <http://www.dail.state.vt.us/lp/> or by calling (802) 241-2345.

→ Services include:

1. Nursing Overview & Assessment
2. Personal Care Service
3. Medication Management
4. Recreation Activities
5. 24-Hour On-Site Supervision
6. Laundry Services

7. Household Services
8. Documentation
9. Case Management Services (from the local Home Health Agency or Area Agency on Aging)

NOTE: You will be responsible to pay the ERC Provider for the cost of your room & board.

What services can you receive in a Nursing Facility?

If you would like to live in a Nursing Facility that provides a wide array of health, medical, therapeutic and personal care services 24 hours per day, you may be interested in the Nursing Facility option. This option pays a VT Licensed Nursing Facility a daily rate to provide you with a package of long-term care and skilled nursing/rehabilitation services. A list of nursing facilities can be found online at <http://www.dail.state.vt.us/lp/> or by calling (802) 241-2345.

→ Services include:

1. Room and Board
2. Skilled Nursing & Assessment
3. Personal Care
4. Medication Management and Pharmacy Services
5. Social Worker Services & Recreation Activities
6. 24-Hour On-Site Nursing Care and Supervision
7. Laundry Services
8. Housekeeping Services
9. Transportation Services
10. Physical Therapy, Occupational Therapy and Speech Therapy
11. Nutritional and Dietary Services
12. Maintenance of Resident Clinical Records

NOTE: Nursing facility services may also be available to you on a short-term basis to recover from an illness or injury, under your Medicare or other health insurance benefit.



CHAPTER IV: Program Limitations

There are some important program limitations that you should know about. If you need more information, please speak with your case manager, provider agency or go online to the Choices for Care program manual at: <http://www.ddas.vermont.gov/>.

What are the eligibility limitations?

1. Individuals whose need for services is due to mental retardation, autism, or mental illness are not eligible for Choices for Care.
2. Choices for Care will not provide or pay for services to meet needs that can be adequately met by services available through other sources. This includes but is not limited to private insurance, Medicare, Medicaid, Veterans health benefits, or another Medicaid Waiver program.
3. If your income is more than the Long-Term Care Medicaid income standard, you may have to pay some of the cost of your services every month. This is called a patient share. If you have a patient share, your notice from DCF/ESD will say how much it is and who to pay it to. Contact DCF if you have any questions about your patient share.

What are the program limitations?

All Choices for Care services are subject to certain limitations. Refer to the Program Manual or ask your case manager, provider of services or local LTCCC for detailed service limitations. Here is a list of important limitations that apply to all CFC services:

1. The Choices for Care regulations require that services be provided in a cost-effective and efficient manner, preventing duplication of services, unnecessary costs, and unnecessary administrative tasks. In some cases, a Home-Based plan may be adjusted if the volume of care is deemed unnecessary or is being duplicated by another service.
2. CFC only provides services and care for the individual who has been found eligible. Therefore, services are **restricted to the benefit of the individual**.
3. CFC shall not be used to provide services that are otherwise being purchased privately or through another funding source.
4. CFC services shall not be furnished to individuals who are inpatients of a hospital facility for an acute medical stay (except in the PACE option which pays for all necessary health care services).
5. An individual's legal guardian (appointed by a probate court) shall not be paid to provide services under CFC.

6. Individuals who are absent from the state of Vermont for more than 30 days will be terminated from the program.
7. Individuals are not eligible to be on both Choices for Care in addition to another program that provides similar services, such as the Attendant Services Program, Hospice Program, the Developmental Services Waiver and the Traumatic Brain Injury program.
8. Persons with any of the following may not be paid to provide services under the CFC program (*DAIL Background Check Policy, April 1, 2006*):
 - a. a substantiated history of abuse, neglect, or exploitation of an adult or child;
 - b. exclusion from participation in Medicaid or Medicare services, programs, or facilities by the federal Department of Health and Human Services' Office of the Inspector General; or
 - c. a criminal conviction for an offense involving bodily injury, abuse of a vulnerable person, a felony drug offense, or a property/money crime involving violation of a position of trust.

What are some other limitations in the Home-Based option?

1. Case Management is limited to 48 hours per calendar year.
2. The amount of Personal Care Services is limited to the assessed need of the individual. The amount of approved hours is subject to review and approval by the Long-Term Care Clinical Coordinator.
3. Respite and companion services are limited to 720 hours per calendar year (total/combined).
4. Assistive device and home modifications are limited to \$750 per calendar year. Some items are automatically approved, some items need pre-authorization and some items are never allowed. Check with your case manager. If you are on Flexible Choices, check with your consultant about limitations for assistive devices and home modifications.
5. Your spouse can not be paid by CFC to provide assistance with any Instrumental Activities of Daily Living (meal prep, medication assistance, housekeeping, shopping, laundry, transportation, etc), companion or respite services. Other restrictions apply. ***Please check with your case manager or consultant before requesting your spouse to be a paid caregiver.***
6. Though some individuals may choose to hire friends or family to be paid by CFC, please note that CFC is not an employment program.
7. Individuals who wish to be a certified employer for consumer or surrogate directed services must be certified by the case manager or consultant. Employer certification is reviewed annually and is subject to change. ***For more information, ask your case manager, consultant or payroll agent for an Employer Handbook.***

What is Medicaid Fraud?

Medicaid fraud is when an **EMPLOYER** or **EMPLOYEE** is untruthful regarding Choices for Care (CFC) services provided, in order to obtain improper payment. It is also considered Medicaid fraud when an individual knowingly gives false, incorrect, incomplete, or misleading information in order to be eligible for Long-Term Care Medicaid.

The Medicaid Fraud and Residential Abuse Unit of the Vermont Attorney General's Office investigates and prosecutes people who commit Medicaid fraud. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to, imprisonment up to ten years, or a fine up to \$1,000 or an amount equal to twice the amount of the assistance or benefits wrongfully obtained, or both). Additionally, individuals convicted of Medicaid fraud will be excluded for a minimum of five years from any employment with a program or facility receiving Medicaid funding.

Some examples of Medicaid fraud include:

- Submitting timesheets for services not actually provided
- Submitting timesheets for services provided by a different person
- Misrepresenting your needs.
- Not telling the Department for Children and Families (DCF) about assets you own that are counted in financial eligibility. (e.g. property you own in a another state or a bank account with your name on it)

NOTE: Suspected cases of fraud will be referred to the Attorney General's Medicaid Fraud Control Unit and may be referred to the local police authorities for further investigation and possible prosecution. If you suspect Medicaid Fraud, contact the Attorney General's office at (802) 241-4440.



CHAPTER V: Your Rights

What are your rights on this program?

As a participant of the Choices for Care program, you have the following rights:

1. You have a right to be treated with dignity and respect.
2. You have a right to information.
3. You have a right to privacy.
4. You have a right to participate in the development and implementation of your services.
5. You or your legal guardian, have a right to make your own decisions.
6. You have a right to appeal adverse decisions made by the state.
7. You have a right to make a complaint when you are not happy with the services you are receiving.
8. You have a right to receive competent, considerate, respectful care from Choices for Care providers.
9. You have a right to withdraw from the program at any time.



CHAPTER VI: Your Responsibilities

What are your responsibilities on this program?

As a program participant, you have a very important role in the Choices for Care program. Here are some of your key responsibilities as a participant of this program:

1. Participate fully in your assessment and care plan process.
2. Provide complete and accurate information.
3. Keep appointments with your providers of care. Let them know ahead of time when an appointment can not be kept.
4. Authorize the LTCCC, your case manager and providers to obtain necessary records and information regarding your care and program eligibility.
5. Participate in your care as much and as you can. Ask your provider of services if there are ways you can safely become more independent and involved in your care. Ask about assistive devices, durable medical equipment or therapy services.
6. Complete all DCF forms in a timely manner to keep your LTC Medicaid eligibility.
7. Notify DCF within ten (10) days of the change when you have a change in your income, resources, medical expenses, insurance premiums or coverage.
8. Notify your providers and DCF immediately if you have a change of address.
9. Notify your case manager, DCF, and provider of service if you will be out of the state for more than 30 days.
10. Report changes in your care needs and health status to your case manager or provider of services. Let them know when you need more or less help.
11. Help your providers be as efficient as they can.
12. If you are unhappy with your services, ask your case manager or the provider of your service who you can talk to so you can fix the problem.
13. If you receive care at home, develop an emergency backup plan for care and services with your case manager.
14. Pay your patient share on time each month if you have one.
15. Learn as much as you can about the program, what it can offer and what are the limitations.
16. Understand that Choices for Care is funded through Medicaid by the federal and VT state government. Funding is limited, so services provided to you must be as effective and efficient as possible.
17. Provide feedback about the program and your services when you are asked. The only way to improve the program is for providers and the Department to better understand the problems.



CHAPTER VII: Provider Responsibilities

What are the provider responsibilities on this program?

All Choices for Care providers of service must follow program standards. Their key responsibilities to you are:

1. Comply with all applicable provider qualifications, standards and regulations.
2. Ensure that all staff with direct participant contact has passed a background check, according to the DAIL Background Check Policy (April 1, 2006).
3. Provide services according to service principles, definitions, standards, approved activities, and limitations.
4. Provide services in a cost-effective and efficient manner, preventing duplication of services, unnecessary costs, and unnecessary administrative tasks.
5. Implement structured internal complaint and appeals procedures.
6. Fully inform individuals of their rights and responsibilities in working with the agency, including both internal and formal complaint and appeal procedures.
7. Encourage and assist the participant to direct as much of her/his own care as possible.
8. Implement policies and procedures that will be used to supervise and/or monitor services.
9. Follow Vermont statute 33 V.S.A. § 6903 regarding mandated reporting of abuse, neglect, and exploitation.
10. Demonstrate to the DAIL that they have sufficient expertise and capacity to meet the needs of the target population, including effective working relationships with other local or regional providers and agencies.
11. Ensure services are provided as defined in the approved CFC Service Plan (when applicable).
12. Ensure that staff has the skills and/or training required to meet the needs of the individual.
13. Maintain accurate and complete documentation of services provided to the individual.
14. Report any concerns about services or the individual's status and condition to the individual's case manager, if the individual is in the home-based or ERC setting.
15. Ensure that the volume of services and rate charged to the State are based on services actually provided to the participant, within the limits specified in the approved Service Plan.
16. Avoid conflicts of interest between the interests of the individual and the interests of the provider and its staff.
17. Assist the State in ensuring that services are provided in compliance with the standards, policies and procedures established by the State. This includes participating in structured evaluation activities developed by the State.
18. Abide by principles of confidentiality and all applicable confidentiality policies and laws.
19. Comply with all applicable laws and regulations regarding employment, including the provision of workers compensation insurance and unemployment insurance to employees.



CHAPTER VIII: Abuse, Neglect, & Exploitation

What is Abuse, Neglect, and Exploitation?

ABUSE - Abuse can be any action (including unnecessary restraint or confinement) that threatens a vulnerable adults' physical or emotional health or welfare. Any sexual activity between a vulnerable adult and a volunteer or paid caregiver employed by a facility of program is also **abuse**. Providing or threatening to provide a drug or other potentially harmful substance to a vulnerable adult for other than lawful and legitimate medical or therapeutic treatment is **abuse**.

NEGLECT- **Neglect** is the purposeful or reckless failure by a caregiver to provide adequate care (the goods, services and plans needed to maintain reasonable health and safety) to a vulnerable adult. **Neglect** is also the failure of a caregiver to report significant changes in the health of a vulnerable adult or the failure to make a reasonable effort to protect a vulnerable adult from abuse, neglect or exploitation by others.

EXPLOITATION - **Exploitation** is the willful unauthorized transfer or use of a vulnerable adult's property and includes interest in or control of assets or gain through undue influence or fraud. It is **exploitation** to force or compel a vulnerable adult to perform services for the profit or advantage of another. **Exploitation** also covers any non-consensual sexual activity with a vulnerable adult.

Who is required to report Abuse, Neglect, and Exploitation?

The State of Vermont requires, by law (Title 33, VT Statue), that all health professionals report cases of suspected abuse, neglect, and exploitation of a vulnerable adult to Adult Protective Services. Examples of people who must report are:

- Case Managers,
- Personal Care Attendants,
- Respite Care Workers,
- Companion Workers,
- Home Health Agency Employees,
- Adult Day Employees,
- Residential Care Home & Assisted Living Residence Employees,
- Nursing Facility Employees,
- Hospital Employees,
- Social Workers,
- Physicians, and
- Payroll Agent (ARIS)

Other concerned individuals may also report suspected adult abuse, neglect, or exploitation. In most cases, the identity of the individual making the report shall remain confidential.

Reports are made by contacting the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, Adult Protective Services (APS) at 1-800-564-1612 or online at <http://www.dail.state.vt.us/lp/aps.htm>.



Table A: Who to Contact When?

Type of Question or Issue	Contact
Abuse, Neglect, Exploitation.	Adult Protective Services 1-800-564-1612
Appeal a decision made by DAIL.	DAIL 241-2401
Appeal a decision made by DCF.	Local DCF office (see table D. 4)
Clinical eligibility.	Local LTCCC (see table D. 1)
Complaints about the care and services provided by a facility or agency that provides health care.	Division of Licensing and Protection 1-800-564-1612
Financial Eligibility.	Local DCF/ESD (see table D. 4)
General Choices for Care program questions.	Your case manager, provider of care, the local LTCCC or DAIL Waterbury Central Office (see table D.)
Health care and health insurance coverage problems.	VT Office of Health Care Ombudsman 1-800-917-7787
Help to resolve problems regarding Choices for Care denials, quality of care, finding care or services as well as education about long-term care services.	VT Long-Term Care Ombudsman 1-800-889-2047
Help finding caregivers.	Rewarding Work Caregiver Registry: http://www.rewardingwork.org/ or HomeShare VT 802 863-5625 or speak with your case manager.
Home Health Services.	Local Home Health Agency (see table D. 3)
Legal assistance.	VT Legal Aid 1-800-889-2047
Lists of licensed Residential Care Homes, Assisted Living Residences, Nursing Facilities, Home Health Agencies, Hospitals, etc.	Division of Licensing and Protection 1-800-564-1612
Payroll questions for consumer or surrogate directed services.	ARIS Solutions 1-800-798-1658
Peer counseling and assistance for adults with disabilities.	VT Center for Independent Living 1-800-639-1522
Services for Adults 60 years and older.	Local Area Agency on Aging (see table D. 2)



Table B: State Websites

Agency/Department	Website
Department for Children and Families (DCF):	http://www.dcf.vermont.gov/
Department of Disabilities, Aging and Independent Living (DAIL):	http://dail.vermont.gov/
Division of Disabilities and Aging Services (DDAS):	http://www.ddas.vermont.gov/
Division of Licensing and Protection (DLP)	http://www.dail.state.vt.us/lp/
Economic Services Division (ESD):	http://www.dcf.vermont.gov/esd
Office of VT Health Access (OVHA):	http://ovha.vermont.gov/
Other Resources:	http://www.ddas.vermont.gov/ddas-resources



Table C: Publications

Publication	Located
Choices for Care Forms	DAIL: (802) 241-1228 http://www.ddas.vermont.gov/
Choices for Care Policies and Guidelines	DAIL: (802) 241-1228 http://www.ddas.vermont.gov/
Choices for Care Program Manual	DAIL: (802) 241-1228 http://www.ddas.vermont.gov/
Choices for Care Regulations	DAIL: (802) 241-1228 http://dail.vermont.gov/dail-statutes
Home Health Agency Regulations	DLP: (802) 241-2345 http://dail.vermont.gov/dail-statutes
Residential Care Home Regulations	DLP: (802) 241-2345 http://dail.vermont.gov/dail-statutes
Nursing Facility Regulations	DLP: (802) 241-2345 http://dail.vermont.gov/dail-statutes



Table D: Local Contacts

1. Long-Term Care Clinical Coordinators (DAIL/DDAS)

District Office	Phone	Fax
Barre	(802) 476-1646	(802) 476-1654
Bennington	(802) 447-2850	(802) 447-2789
Brattleboro	(802) 251-2118	(802) 254-6394
Burlington	(802) 879-5904	(802) 879-5620
Hartford	(802) 296-5592	(802) 295-4148
Middlebury	(802) 388-5730	(802) 388-4637
Morrisville	(802) 888-0510	(802) 888-0536
Newport	(802) 334-3910	(802) 334-3386
Rutland	(802) 786-5971	(802) 786-5882
Springfield	(802) 885-8875	(802) 885-8879
St. Albans	(802) 524-7913	(802) 527-4078
St. Johnsbury	(802) 748-8361	(802) 751-2644
Waterbury Central Office	(802) 241-1228	(802) 241-4224

2. Local Area Agencies on Aging (Senior Helpline: 1-800-642-5119)

Champlain Valley Agency on Aging	(802) 865-0360
Northeastern VT Area Agency on Aging	(802) 748-5182
Central VT Council on Aging	(802) 479-0531
Southwestern VT Council on Aging: Bennington	(802) 442-5436
Rutland	(802) 786-5991
Southeastern VT Council on Aging	(802) 885-2655

3. Local Home Health Agencies

Addison County Home Health & Hospice	(802) 388-7259
Bennington Area Home Health	(802) 442-5502
Caledonia Home Health	(802) 748-8116
Central VT Home Health	(802) 223-1878
Chittenden / Grand Isle Visiting Nurse Association	(802) 658-1900 (TDD) or (800) 833-6111
Franklin County Home Health Agency	(802) 527-7531
Lamoille Home Health	(802) 888-4651
Manchester Health Services	(802) 362-2126
Orleans / Essex Visiting Nurse Association	(802) 334-5213
Professional Nurses Services	(800) 446-8773
Rutland Area Visiting Nurse Association	(802) 775-0568
Visiting Nurse Alliance of VT & NH	(800) 858-1696

4. DCF/ESD District Offices

Barre	(802) 479-1041 or 800 499-0113
Bennington	(802) 442-8541 or 800 775-0527
Brattleboro	(802) 257-2820 or 800 775-0515
Burlington	(802) 863-7365 or 800 775-0506
Hartford	(802) 295-8855 or 800 775-0507
Middlebury	(802) 388-3146 or 800 244-2035
Newport	(802) 334-6504 or 800 775-0526
Rutland	(802) 786-5800 or 800 775-0516
Springfield	(802) 886-8856 or 800 589-5775
St. Albans	(802) 524-7900 or 800 660-4513
St. Johnsbury	(802) 748-5193 or 800 775-0514
Waterbury Central Office	(802) 241-2800

Vermont 2-1-1: Vermont 2-1-1 is a simple number to dial for information about health and human service organizations in your community. By dialing 2-1-1, information is much easier to find. Callers will speak with a real person every time. Call Specialists will problem solve and refer callers from throughout Vermont to government programs, community-based organizations, support groups, and other local resources.

More information can be found online at: <http://www.vermont211.org/>.