



Verification of Eligibility For Medicaid Payment of Assistive Community Care Services

All residents of level 3 residential care homes and assisted living residences must complete this form when applying for assistive community care services (ACCS) or upon review of Medicaid eligibility.

Section A - to be completed by resident.

I hereby authorize _____, to exchange the information with the
Name of level 3 residential care home/assisted living residence
Vermont Department for Children and Families (DCF) to determine when the home can begin billing Medicaid for my ACCS. They may discuss my status in the Medicaid program or residential care home. They also may discuss my spenddown established by DCF.

Full name _____ Social security number _____ - _____ - _____

Date of birth ____ / ____ / ____

Current address _____

I live at the above-named residential care home. I request that DCF pay my ACCS as of ____ / ____ / ____.
Date

Signature _____ Date ____ / ____ / ____
Resident or legal representative

Section B - to be completed by ACCS Provider.

Administrator name _____ Telephone number _____

Mailing address _____

Private daily rate for room and board is \$ _____

Private daily rate for ACCS (care services only) is \$ _____

Signature _____ Date ____ / ____ / ____
Administrator

Section C - to be completed by DCF.

- (New application only) The resident named above is eligible for Medicaid beginning ____ / ____ / ____.
- (Review only) The resident named above remains eligible for Medicaid.
 - Effective ____ / ____ / ____ - ____ / ____ / ____ s/he must privately pay for ACCS.
 - Effective ____ / ____ / ____ - ____ / ____ / ____ s/he is eligible for DCF to pay for ACCS.
 - The next review will be ____ / ____ / ____.
 - Date completed ____ / ____ / ____ Telephone 1-800-250-8427

Include this form with the Medicaid Application/Review.

Instructions for Completing the Verification of Eligibility For Medicaid Payment of ACCS (VOE) Form

Purpose:

This form serves the following purposes:

- To provide written authorization for ACCS providers and DCF to share and release information about the resident's eligibility status.
- To verify a resident's eligibility for Medicaid and ACCS.
- To verify the dates of coverage, existence of a spenddown period, and date of the next eligibility review.
- To give DCF's Health Access Eligibility Unit (HAEU) the provider's private daily rate for providing ACCS and verification of resident's medical need by virtue of level III occupancy.

Instructions:

Section A: The resident or their legal representative must complete Section A. They must include the name of the licensed residence, their identifying information, and the date they moved in. By signing in the space indicated the resident or legal representative are authorizing the ACCS provider and DCF to share Medicaid and ACCS eligibility related information. The resident may not be considered for Medicaid reimbursement of ACCS if Section A of the form is not completed.

Section B: The ACCS provider is responsible for seeing that the resident or legal representative complete the VOE upon entering the facility and with each Medicaid review. The ACCS provider must complete Section B of the form with the administrator contact information, the daily private-pay rate for room and board, and the daily private-pay rate of ACCS. **The daily private-pay rate of ACCS must be the actual rate charged to the resident during a spenddown period, as reflected in the resident's Admission Agreement.** Once the first two sections of the form are completed the ACCS provider mails the form for final processing to the HAEU/DCF office.

DCF/Economic Services Division
Application and Document Processing Center
103 South Main Street
Waterbury, VT 05671-1500

Section C: The HAEU/DCF office will document the resident's initial and/or continued eligibility for Medicaid, the dates of Medicaid eligibility, when ACCS will be paid by Medicaid, and the dates of non-eligibility or spenddown during which time the resident must pay privately for ACCS. HAEU/DCF will also include the date that the next eligibility review will be required. Reviews occur every six months unless the resident receives Supplemental Security Income (SSI).

DCF is responsible for mailing a copy of the completed form back to the resident and the ACCS provider.

The ACCS provider must maintain a copy of the completed VOE in the resident's file as proof of eligibility. The VOE is not considered complete until all three sections are filled in.