Vermont Department of Disabilities, Aging and Independent Living

Home-Based Service Plan – Anderson Parkway

Participant Name: _____ Soc. Sec. # XXX - XX - _____
(Please Print)

Address: _____ ☐ Initial Assessment ☐ Reassessment ☐ Change
(Street/Box) Start Date: _____

_____ Date of Birth: _____
(Town) (State) (Zip)

Phone Number: _____ Diagnosis: _____
ICD-10 Code: _____

DAIL UR_____

Service (√ box)	**Provider** (write in provider name)	**Hours of Service**	**Rates**	**Cost/Month**
☒ **Case Management**	☐ AAA**:**	Up to: **48hrs/yr.**	$83.56 hr.	$334.24
	☐ Home Health**:**			
☒ **Personal Care**	**VNACH/GI @ Anderson Parkway**	Up to: **24 hrs./day**	$232.00 day	$7029.60
☐ **Adult Day**	Provider**:**	Up to: hrs./***2 weeks**	$18.60/hr.	
☐ **Respite Care** Not to exceed **720 hrs. /calendar year** (combined with Companion).	☐ Home Health**:**	Up to: hrs./**year**	$26.72/hr.	
	☐ Consumer: Payroll Agent ARIS	Up to: hrs./**year**	$16.42/hr.	
	☐ Surrogate: Payroll Agent ARIS	Up to: hrs./**year**	$16.42/hr.	
	☐ Adult Day**:**	Up to: hrs./**year**	$18.60/hr.	
	☐ Res. Care Home**:**	Up to: days /**year**	$113.19/day	
☐ **Companion** **NOTE:** See respite above.	☐ Home Health**:**	Up to: hrs./**year**	$26.72/hr.	
	☐ Senior Comp. Program	Up to: hrs./**year**	$9.40/hr.	
	☐ Consumer: Payroll Agent ARIS	Up to: hrs./**year**	$16.42/hr.	
	☐ Surrogate: Payroll Agent ARIS	Up to: hrs./**year**	$16.42/hr.	
☐ **Personal Emergency Response**	☐ Installation/First Month**:**		Up to $68 one-time	
	☐ Ongoing**:**		Up to $38/mo	
☐ **Assistive Device/Home Mod.**	Item/Service**: ($2000 calendar year max /attach addendum)**		. $2000.00yr.	
☐ **ISO Employer Support Services**	**Payroll Agent ARIS**: For all Consumer and Surrogate Directed		$85.00 mo.	
			Total Monthly Cost:	

Other Services / Frequency	**Payment Source**	**Other Services / Frequency**	**Payment Source**
☐ Skilled Nursing:		☐ Other:	
☐ H.H. Aide (LNA):		☐	

Department of Disabilities, Aging and Independent Living Authorization/Official Use Only

Services are authorized effective: Start Date: _____ through End Date: _____
(A full reassessment must be completed prior to the end date in order for Waiver services to continue.)

_____ _____
DAIL Authorized Signature Date

CONSENT TO PLAN OF CARE

I, have been fully informed of the proposed **SERVICE PLAN** and understand the terms as described in this **Service Plan**. I consent to this plan and accept it as an alternative to the Enhanced Residential Care or Nursing Home setting.

_____ Date: _____
Signature of applicant/participant or legal representative

_____ Relationship: _____ Phone #: _____
Surrogate Name/Print (when applicable)

_____ Date: _____
Signature of Surrogate

_____ Surrogate Address

_____ Agency: _____ Phone #: _____
Case Manager Name/Print

_____ Date: _____
Case Manager Signature

NOTE: All Plans must be signed by applicant/participant or legal representative (Power of Attorney or legal guardian), LTCM Case Manager, and Surrogate (when applicable) in order for services to be authorized.

Service Plan Changes: Complete a new Service Plan and briefly describe the reason for change here. (Attach supporting information.)

Important Information

Appeal Rights: Decisions made by the Department may be appealed to the DAIL Commissioner or the Human Services Board. See attached letter for detailed appeal rights.

Changes: The individual or legal representative must report all changes in status to the case manager.

Consumer/Surrogate Directed Services: Contact ARIS at (800) 798-1658 to enroll certified employers and employees for consumer/surrogate waiver services. Refer to the Employer Handbook for more information.

Patient Share: Refer to the Department for Children and Families (DCF) Notice of Decision for patient share amount (if any) and for the agency that the patient share is to be paid each month.

Provider Billing: Providers must retain a copy of the current approved Service Plan as authorization to bill for services. Providers may only bill for services provided within the limits indicated on the Service Plan.

Reassessments: Annual reassessments will start on the date after the previous Service Plan ends.

Service Plan Changes: Approved service changes (except consumer/surrogate directed services) will start no earlier than the date the Service Plan is received at the DAIL regional office. Consumer and surrogate directed service changes will start on the next full payroll period after the Service Plan is received at the DAIL regional office.

Forms are available Online at: https://asd.vermont.gov/resources/forms