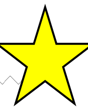

# Choices for Care Application Process "At a Glance"

**Step I: Application**

1. Choices for Care (CFC) applications may be obtained by calling 1-800-479-6151 or online at http://dcf.vermont.gov/esd/health_insurance/ltc_medicaid
2. The application is completed and sent to: DCF/Economic Services Division, Application and Document Processing Center (ADPC), 103 South Main Street, Waterbury, VT 05671-1500.
3. DCF assigns the Long-Term Care Medicaid application to a case worker who contacts the individual to initiate the financial eligibility process.
4. DCF or the ADPC forwards the application to the local Department of Disabilities Aging and Independent Living (DAIL) Long Term Care Clinical Coordinator (LTCCC) via email, who contacts the individual to arrange for a face-to-face visit to complete clinical eligibility.

**Step II: Clinical Determination:**

5. After receipt of the CFC application from DCF/ADPC, the DAIL LTCCC completes a face-to-face clinical assessment and options education.
6. The DAIL LTCCC determines clinical eligibility and sends the "Clinical Certification" form CFC 803 to DCF and applicable providers, depending on the long-term care setting the individual has chosen.
7. For Home-Based (HB), and Flexible Choices (FC), the case manager or consultant completes an assessment and Service Plan or Allowance within 14 calendar days, and sends with required documentation to the LTCCC for review and authorization.
8. For ERC, the ERC provider completes the Residential Assessment (RA), Tier Score Sheet and ERC service plan within 14 calendar days if a current resident or within 14 days after the client is admitted, and sends to the LTCCC for review and authorization.
9. For AFC, the Authorized Agency (AA) completes the assessment and personal care worksheet within 14 calendar days after CFC Enrollment (CFC 707) form is signed. The AA completes the AFC service plan as soon as the AFC Home Provider has been identified, and sends to the LTCCC for review and authorization.

**Step III: Financial Determination:**

10. After receipt of Clinical Certification (CFC 803), DCF completes financial eligibility determination and patient share (if applicable).
11. DCF sends Notice of Decision to applicant, legal representative, LTCCC and highest paid provider.

**Step IV: Final Authorization:**

12. For HB, FC, AFC and ERC, after receipt of the DCF Notice of Decision, if financially eligible, the DAIL LTCCC authorizes the Service Plan or Allowance. A copy of Service Plan or Allowance is sent to the individual and applicable providers.
13. Nursing facilities may start billing after receipt of the DCF Notice of Decision. Other HB, FC, AFC and ERC providers may start billing after receipt of the authorized Service Plan or Allowance.

**OTHER:**

- When CFC program funds are not available to serve applicants meeting High Needs clinical criteria they will receive a written notice that they are being placed on a waiting list. They are not enrolled in Choices for Care.
- Individuals found clinically or financially ineligible will receive denial written notice with appeal rights.
- Providers using SAMS may receive DAIL notifications and service authorizations electronically.