

Choices for Care Notice of Start of Services through Flexible Choices Option

Date: _____

To: _____ **Attn: Billing Department**

From: _____, Flexible Choices Consultant

Re: Notice of Beginning of Flexible Choices Option for _____
Name of Participant

Please be aware that _____ will start receiving Choices for Care services through the Flexible Choices option beginning _____.
Date Services to Begin

Your services are included in their Flexible Choices budget. **As of the above date, however, you will need to bill the participant listed above or their surrogate/guardian for services you provide.** The participant will then review the expenditure and, if appropriate, approve and forward it, with a Flexible Choices Non-Payroll Reimbursement Sheet to Transition II and ARIS Solutions for reimbursement. A copy of the sheet is attached but please be aware that it must be signed by the participant or surrogate/guardian for ARIS to be reimbursed.

Please note that any direct bills to Vermont Medicaid for Choices for Care services for participants in Flexible Choices will be rejected by EDS.

Your services are currently included in the Flexible Choices budget in the quantity listed below:

- ___ Case Management at _____ hours per month
- ___ Adult Day Services at _____ hours per week
- ___ Personal Emergency Response Services at \$_____ per month
- ___ Home Health Agency services (please specify) _____
- ___ Other Services (please detail) _____

If you have any questions, please feel free to call me at 1-866-572-7127.

Flexible Choices Consultant

Thank you for your assistance.