

Hospice and Choices for Care Dual enrollment

Individuals currently participating on the Choices for Care program who become eligible for, and in need of Home Health Hospice services may do so without prior authorization from the Department. It is the understanding of both the Department and the Home Health hospice providers that dual participation will occur under the following conditions:

1. Hospice staff will inform the Choices for Care case manager immediately when a Choices for Care participant is admitted to hospice.
2. Individuals must continue to meet the criteria for both Choices for Care and hospice services.
3. When ever possible, hospice funded services must be maximized and utilized prior to Choices for Care services (e.g. LNA, Homemaker).
4. When appropriate, the Choices for Care case manager will submit a plan of care change to reflect any reduction in waiver personal care time for activities that are being provided by hospice (e.g. bathing, grooming, homemaker).

It is the responsibility of the local home health agency to contact the Department no later than one week after a Choice for Care participant is admitted to hospice services. The Department will track the following information:

- Participant name,
- Agency name,
- Hospice diagnosis,
- Anticipated length of hospice service,
- Hospice admission date,
- Payment source,
- Hospice contact,
- Copy of Hospice plan.

This information must be mailed, faxed or scanned and emailed to the Department and Choices for Care case manager using the attached notice.

NOTICE

Choices for Care Participant Admission to Hospice

Date: _____

Individual Name: _____

Home Health Agency: _____

Hospice Diagnosis: _____ Admission Date: _____

Anticipated Length of Stay on Hospice: _____

Payment Source: Medicare, Medicaid, Private Insurance, Other: _____

Hospice Staff Contact: _____ Phone: _____

Use table below to indicate Hospice Plan or attach a copy:

Hospice Services <i>(check all that apply)</i>	Frequency of Hospice Services
<input type="checkbox"/> Skilled RN:	
<input type="checkbox"/> LNA:	
<input type="checkbox"/> Homemaker:	
<input type="checkbox"/> MSW:	
<input type="checkbox"/> Volunteer:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Comments:

Mail or FAX to: Choices for Care Case Manager

Mail, FAX or Scan to EMail to:

Colleen Forkas
 Department of Disabilities, Aging and Independent Living
 Adult Services Division
 280 State Drive HC 2 South
 Waterbury, VT 05671-2070
 FAX: (802) 241-0385
 EMAIL: colleen.forkas@vermont.gov