

# **VERMONT CHOICES FOR CARE**

(Home Based and Enhanced Residential Care)

## **HOW TO CHOOSE A CASE MANAGER**

Vermont Department of Disabilities, Aging, and Independent Living  
Agency of Human Services  
103 South Main Street  
Waterbury, VT 05671-1601  
(802) 241-1228

This document is available in alternate format upon request.

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## **WHAT IS CASE MANAGEMENT?**

Case Management is a service provided to Choices for Care participants residing in the Home-based or Enhanced Residential Care setting. Case Managers will help you apply for Choices for Care, and make sure you get all the services you need. You must choose a Case Management Agency in order to receive Choices for Care services in the Home-Based or Enhanced Residential Care setting.

## **WHAT AGENCIES PROVIDE CASE MANAGEMENT FOR MEDICAID WAIVER?**

You have the choice of **two** types of Case Management Agencies in your area:

- Local Agency on Aging,
- Local Home Health Agency.

**Note: By choosing a case management agency, you will not automatically lose services you are eligible for from other agencies. In addition, you may request to change case management agencies at any time.**

## **WHAT DOES A CASE MANAGER DO?**

A Case Manager **listens** to you and helps you plan Choices for Care and other services.

A Case Manager provides **choices** and helps you decide what you **need**.

A Case Manager helps you complete all necessary **paperwork** related to your services.

A Case Manager **keeps track** of your services and **changes** in your situation on a regular basis.

A Case Manager helps you develop **new plans** based on whether you need more or less help.

A Case Manager **respects** your **privacy** by keeping personal information confidential, unless you give them permission to share this information with others.

A Case Manager helps you remain at home and be as **independent** as possible.

A Case Manager is required by law to **report abuse, neglect or exploitation** to the State Adult Protective Services at **1-800-564-1612**.

**The Case Management Agencies in your area are:**

Agency on Aging: \_\_\_\_\_  
\_\_\_\_\_

Home Health Agency: \_\_\_\_\_  
\_\_\_\_\_

**You have chosen the following Case Manager/Case Management Agency:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Please call your Case Manager if you need help, or if you have questions about your services.**