



*DEPARTMENT OF VERMONT HEALTH ACCESS*

# Pharmacy Program Handbook



**GreenMountainCare**  
A HEALTHIER STATE OF LIVING

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# Welcome to your Vermont Pharmacy Program

Pharmacy assistance programs in Vermont are managed by the Department of Vermont Health Access (DVHA). The pharmacy assistance programs are listed here. Each one has its own eligibility rules and benefit package.

**This handbook does not provide information on the pharmacy benefits received through Medicaid. If you have Medicaid and need information on your pharmacy benefit, or you don't know what program you are in, call the Vermont Health Connect & Green Mountain Care Customer Support Center at 1-800-250-8427. Call Monday through Friday, from 8:00 a.m. to 5:00 p.m. (closed on holidays).**

## Healthy Vermonters Program

This no-cost program allows Vermonters without other prescription insurance to purchase covered drugs at a discounted rate. If you have Healthy Vermonters, your pharmacy can submit a claim to DVHA. DVHA will not make a payment, but what you pay the pharmacy will be at the lowest Vermont Medicaid rate, and not the pharmacy's retail price.

## VPharm Programs: VPharm 1, VPharm 2 and VPharm 3

VPharm programs help Vermonters who do not qualify for Medicaid and are enrolled in Medicare pay for their Medicare Prescription Drug Plan (Medicare PDP) and related costs. How this works: When your Medicare PDP pays for your medication, any balance due to the pharmacy can be billed to VPharm. VPharm will pay the balance, leaving you with copays of \$1 and \$2, depending on the cost of the drug.

## Understanding Your Medicare PDP

A Medicare PDP is most commonly provided through a Medicare Part D Drug Plan but can also be part of a Medicare Part C plan, also referred to as a "Medicare Advantage Plan." When we talk about a Medicare PDP, we mean either Medicare Part C or Part D prescription drug coverage.

The VPharm programs help pay prescription costs for those who are enrolled in a Medicare PDP and do not have any other insurance that covers prescriptions.

Each program has its own rules for eligibility and its own benefit package. Members on these programs must stay enrolled in a Medicare PDP to keep getting drug coverage. Your Medicare PDP is the first payer for all your prescriptions and your VPharm program is the second payer.

The following VPharm programs are managed by DVHA, and information about how to enroll in any of these programs can be found by contacting Vermont Health Connect & Green Mountain Care Customer Support Center at 1-800-250-8427. Call Monday through Friday, from 8:00 a.m. to 5:00 p.m. (closed on holidays).

## **VPharm 1: Premium and Coverage**

Members on VPharm 1 pay a monthly premium of \$15. In return, VPharm 1 pays for:

- The amount of your Medicare PDP premium that Low Income Subsidy (LIS) “Extra Help” does not pay for, up to a maximum amount. (The maximum amount is the yearly benchmark set by CMS. This changes January 1<sup>st</sup> of each year.)
- Medicare PDP copays, deductibles, co-insurance and coverage gaps not covered by Low Income Subsidy (LIS or “Extra Help”), for short-term and long-term drugs covered by the Medicare PDP.
- Specific classes of drugs that are not covered by the Medicare PDP (includes certain OTC medicine, select vitamins and select cough and cold products)
- Diabetic supplies
- One comprehensive eye exam and one interim exam every two years by an optometrist or an ophthalmologist

## **VPharm 2: Premium and Coverage**

Members on VPharm 2 pay a monthly premium of \$20. In return, VPharm 2 pays for:

- The amount of your Medicare PDP premium that Low Income Subsidy (LIS) “Extra Help” does not pay for, up to a maximum amount. (The maximum amount is the yearly benchmark set by Medicare. This changes January 1<sup>st</sup> of each year.)
- Medicare PDP copays, deductibles, co-insurance and coverage gaps not covered by Low Income Subsidy (LIS) “Extra Help” for drugs covered by the Medicare PDP that are used to treat long-term medical problems (maintenance drug coverage only).
- Specific types of drugs used to treat long-term medical problems that are not covered by Medicare PDP, such as some OTC medicines
- Diabetic supplies
- No coverage for drugs used to treat short-term or “acute” medical problems such as colds or coughs

## **VPharm 3: Premium and Coverage**

Members on VPharm 3 pay a monthly premium of \$50. In return, VPharm 3 pays for:

- The amount of your Medicare PDP premium that Low Income Subsidy (LIS) “Extra Help” does not pay for, up to a maximum amount. (The maximum amount is the yearly benchmark set by Medicare. This changes January 1<sup>st</sup> of each year.)
- Medicare PDP copays, deductibles, co-insurance and coverage gaps not covered by Low Income Subsidy (LIS) “Extra Help” for drugs covered by the Medicare PDP that are used to treat long-term medical problems (maintenance drug coverage only).
- Specific types of drugs used to treat long-term medical problems that are not covered by the Medicare PDP, such as some OTC medicines
- Diabetic supplies
- No coverage for drugs used to treat short-term or “acute” medical problems such as colds or coughs

## Your Medicare PDP Formulary

- To help keep costs down, your Medicare PDP asks providers to prescribe medications from a list of drugs called a “formulary.” Some drugs on the formulary require a prior approval or prior authorization by the Medicare PDP before they will pay for the drug. **To appeal denials from your Medicare Prescription Drug Plan, see the section “When You Don’t Agree with An Action.”**

## Medicare Excluded Drugs, Over-the-counter (OTC) Drugs

- There are some drug classes that Medicare PDPs are not required to cover. These are referred to as “Medicare Excluded Drugs” and generally include OTC drugs, some prescription vitamins and some cough and cold products. DVHA covers some of these drugs, but some may require prior approval for coverage. To ask for authorization, your provider should complete a prior authorization form at: <http://dvha.vermont.gov/for-providers/pharmacy-prior-authorization-request-forms> and submit it to DVHA.
- A limited number of OTC drugs are covered under VPharm, and coverage differs depending on which VPharm plan you are enrolled. These are primarily generic medications. A complete list of those medications can be found on the DVHA website at <http://dvha.vermont.gov/for-providers/otcweblist-04-09-18pdf.pdf>.
- Our programs do not cover drugs that are considered experimental or are not approved by the Federal Drug Administration (FDA).

## Copayments (or Copays)

If you have VPharm (1, 2, or 3) you will have a copay of \$1 or \$2.

- If the cost to the state for your prescription is \$29.99 or less, your copay will be \$1.
- If the state’s cost is \$30 or more, your copay will be \$2.

If you are charged more than \$2.00, ask if the pharmacist has billed Green Mountain Care or you may call the Green Mountain Care Customer Support Center for help.

## Your ID Card

Your Green Mountain Care ID card will be mailed to your home. Please show it when you go to the pharmacy. If you don't get your new ID card within a month of getting this handbook, or if you lose your card, call the Customer Support Center at 1-800-250-8427 and ask for a new one. If you have Medicare prescription insurance, show your provider both of your insurance ID cards.

## Participating Providers

Providers who write prescriptions for you – as well as the pharmacy where you fill your prescriptions – must be enrolled in our programs. Most providers and pharmacies in Vermont are enrolled in our programs. If you have questions about providers and pharmacies, call the Customer Support Center or to see if your provider or pharmacy is enrolled, go to <http://www.vtmedicaid.com> and click on Provider Look-up.

# Pharmacy Programs for Vermonters with Medicare

Information about how to enroll in Extra Help can be found by contacting your local Area Agency on Aging, State Health Insurance Assistance Program (SHIP) office at 1-800-642-5119 or your local Social Security Administration office.

## Low-Income Subsidy (LIS) or “Extra Help”

Members enrolled in Medicare may qualify for help in paying their prescription costs from a Social Security Administration program called the Low-Income Subsidy (LIS), also called “Extra Help”. LIS pays for monthly premiums, annual deductibles, and prescription co-payments related to a Medicare Prescription Drug Plan. Green Mountain Care will help to cover some costs that are not covered by Medicare Prescription Drug Plan or the “Extra Help”. Members of the Medicare Savings Programs are automatically eligible for Low Income Subsidy (LIS) or “Extra Help”. Information on how to apply can be found at this link: <https://www.ssa.gov/pubs/EN-05-10525.pdf>.

## Medicare Savings Programs

Some VPharm members with lower incomes may also qualify for help paying for all or part of their Medicare Parts A & B coverage. Programs that help people pay for Medicare A & B are called Medicare Savings Programs. Providers must be part of both the Medicare and the Medicaid programs if you want both programs to pay. The programs are listed here:

### Qualified Medicare Beneficiary (QMB)

Pays Medicare Part A and Part B premiums, deductibles, co-insurance, and copays.

### Specified Low-Income Medicare Beneficiaries (SLMB)

Pays for Medicare Part B premiums only.

### Qualified Individuals (QI-1)

Pays for Medicare Part B premiums only.

If you are eligible for this help, you were notified of this when you received the letter about your VPharm coverage. If you were not found eligible and think that you should be, please call the Customer Support Center for more information. There are no premiums for the Medicare Savings Programs.

# Paying Your Premium

It is very important that you pay your monthly premium for our programs as soon as you get the first bill, so coverage can start at the first of the next month. You must continue to pay on time, so you do not lose your coverage or have a gap in your coverage. All members in our pharmacy programs, except for the Healthy Vermonters Program, must pay a premium to Vermont to keep getting prescription coverage.

If you lose your premium bill, call the Customer Support Center to find out how much you owe and how to pay.

## **Automatic Payments**

If you don't want to worry about paying your bill each month, you can sign up for automatic withdrawal where your payment is taken from your checking or savings account each month.

If you have any questions about your premium or how to set up automatic withdrawal, call the Customer Support Center.



# Your Rights and Responsibilities

## You have the right to:

- Be treated with respect and courtesy
- Be treated with thoughtfulness
- Choose and change your providers
- Get facts about your program services and providers
- Get complete, current information about your health in terms you can understand
- Be involved in decisions about your health care, including having your questions answered and the right to refuse treatment
- Ask for and get a copy of your medical records and ask for changes to be made to them when you believe the information is wrong
- Get a second opinion from a qualified provider who is enrolled in Vermont Medicaid
- Complain about your program or your health care (see page 16 for more information)
- Be free from any form of restraint or seclusion used as a means of bullying, discipline, convenience, or retaliation
- Ask for an appeal if you have been denied services you think you need. See page 14 for more information.

## You also have the responsibility to

Take care of your health by:

- Telling your provider about your symptoms and health history
- Asking questions when you need more information or don't understand something
- Following the treatment plans you and your provider have agreed to
- Keeping your appointments or calling ahead to cancel if you can't make it
- Learning about your program rules so that you can make the best use of the services that you can get
- Making sure you have referrals from your Primary Care Physician (PCP), (when needed) before going to other providers
- Paying premiums and copays when they are required
- Calling to cancel or reschedule if you can't go to an appointment

# Other Programs for Vermonters

## Living Wills and Advance Directives

Here is a general summary of the Vermont Advance Directive law (found in Title 18, Chapter 231) and what it means to a patient:

An “advance directive” is a written record that may say who you choose to act on your behalf, who your primary care provider is, and your instructions on your health care desires or treatment goals. It may be a durable power of attorney for health care or a terminal care document. Advance directives are free of charge.

Adults may use an advance directive to name one or more people and alternates who have the authority to make their health care decisions. In your advance directive, you may describe how much authority the person has, what type of health care you want or don't want, and say how you want personal issues handled, such as funeral arrangements. The advance directive may also be used to name one or more persons to serve as a guardian if one is needed or identify persons who you do not want to make decisions.

If your condition means that you cannot direct your own health care, and it is not an emergency, health care providers cannot provide health care to you without first trying to find out if you have an advance directive. Health care providers who know that you have an advance directive must follow the instructions of the person who has the authority to make health care decisions for you or follow the instructions in the advance directive.

A health care provider can refuse to follow the instructions in your advance directive based on a moral, ethical or other conflict with the instructions. However, if a health care provider does refuse, the provider must tell you about the conflict, if possible, and whomever you have named to act on your behalf; help to transfer your care to another provider who is willing to honor the instructions; provide ongoing health care until a new provider has been found to provide the services; and document in your medical record the conflict, the steps taken to resolve the conflict and the resolution of the conflict.

Every health care provider, health care facility and residential facility shall develop protocols to ensure that all patients' advance directives are handled in a way that strictly follows all state laws and regulations.

You may call the Division of Licensing and Protection at 1-800-564-1612 or go online to file a complaint about someone who is not following the law. You may submit a written complaint to:

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671

You may get information about the state law, advance directives and living wills by calling the Vermont Ethics Network at 802-828-2909 or going to their website at [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org).

Title 18 is available at [www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=231](http://www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=231). You can get the forms you need or more information by going to the websites listed, talking to your provider or calling the Customer Support Center.

## Organ Donation

You may be interested in donating your organs when you die. One donor can help many people. If you would like to learn more about this, call 1-888-ASK-HRSA for free information.

## Sharing Information with Your Provider

To help your Provider make sure that you get the health care you should have, we may share information with him or her, such as a list of drugs you are taking, to avoid bad reactions from drugs that do not interact well with your other drugs or medical conditions.

## Notice of Privacy Practices

When you were determined eligible for our programs, you received a letter stating that you were eligible. This letter included a copy of our Notice of Privacy Practices. The federal law, the Health Insurance Portability and Accountability Act (HIPAA), requires that we give you the notice. The notice tells you about your privacy rights and about how your health information may be used or shared. If you need another copy of the notice you can call the Customer Support Center and ask for a copy.

## Quality Assurance Program

Green Mountain Care has a quality assurance program to make sure that you get quality health care from your providers and good service from your program.

Some of the things we look at to help measure the quality of health care are

- How much medication patients use
- How many members get routine preventive care
- How many members use the emergency room when they don't have an emergency
- How physical health care providers and mental health care providers coordinate care
- How satisfied members and providers are with our programs

We have adopted clinical best practice guidelines for certain chronic illnesses that we encourage providers to follow in order to improve health outcomes.

If you would like to suggest ways that we can improve our programs and make yours work better for you, call the Customer Support Center. Your comments will be made part of our quality assurance review.

You can get information about the quality of care given by hospitals, nursing homes and home health care providers, and a copy of clinical best practice guidelines, by going to the Department of Vermont Health Access web site [www.greenmountaincare.org](http://www.greenmountaincare.org) or by calling the Customer Support Center.

## Problems and Complaints

There are many things you can do if you are having problems getting your prescriptions or if you have a complaint. You can always call the Customer Support Center to help you. If the options below do not solve your problem, you can go through Vermont's appeal process. More information about that process is also on page 14 of this handbook.

## When You Don't Agree with a Decision About Your Pharmacy Benefits

If you have a Medicare PDP, most decisions about your benefits will be made by them. Call the customer service number on the back of your Medicare PDP insurance ID card for information about how to appeal a decision made by that plan. Below is information about how appeals work when you have a Medicare PDP and VPharm.



### Appealing Denials from your Medicare PDP

**Did your Medicare PDP say that it will not pay for your drug because it has denied “prior authorization?”** Before you can ask VPharm to cover it, you first must follow all of the appeals rules of your Medicare PDP. There are several levels of appeals for Medicare drug plans. You will need to appeal each level up to and including the **Independent Review Entity (IRE)** level. *If* the IRE upholds the denial, *then* your prescriber may request coverage from VPharm. He or she will need to provide to VPharm a copy of the IRE notice upholding its denial.

**Did your Medicare PDP say that it will not pay for your drug because it is “not covered?”** If so, then you do *not* have to go through the Medicare Part D appeals process. Your prescriber will need to submit a request for coverage to VPharm. He or she will need to attach documentation from the Medicare PDP stating that the drug is not covered.

**VPharm will send you and your prescriber its decision on your request for coverage.** If VPharm makes a decision (called an “adverse benefit determination”) to deny, limit, reduce or stop a benefit, you may also ask for that decision to be reviewed. See below for more information about appealing a decision by VPharm.

## **Do You Think that VPharm’s Decision is Wrong? The First Step is to Ask for an In-House Appeal.**

**An appeal is a way to fix problems.** Someone at DVHA who was not involved in the first decision will look at your case and tell you what they decide. This is called an “in-house appeal.” In most cases, you must do this before you can ask for a State Fair Hearing.

**You have 60 days to appeal.** The 60 days start from the date that DVHA mailed the notice of decision to you. Your provider may ask for the appeal if you wish. You may appeal in writing or by phone.

### **There are two ways to appeal:**

1. Call the Customer Support Center at 1-800-250-8427
2. Send a letter to:

Vermont Health Connect & Green Mountain Care  
Customer Support Center 101 Cherry Street, Suite 320 Burlington, VT 05401

**Did we cut or stop pharmacy benefits you already get? You can keep your benefits during your in-house appeal but you only have 11 days to ask for this.** The 11 days start from the date DVHA mailed the notice to you. To keep getting your benefits, call Customer Services Support Center at 1-800-250-8427.

**Did we cut or stop pharmacy benefits you already get? You can keep your benefits during your in-house appeal but you only have 11 days to ask for this.** The 11 days start from the date DVHA mailed the notice to you. To keep getting your benefits, call Customer Services Support Center at 1-800-250-8427.

**What happens at an in-house appeal?** DVHA will set a meeting to take another look at its decision. You can participate. You can speak for yourself or have someone speak for you. Your provider can speak or give information to DVHA. **Need help?** You may be able to get free legal advice from Legal Aid’s Office of the Health Advocate at 1-800-917-7787 or <https://vtlawhelp.org/appeals-0>

**DVHA must decide your appeal within 30 days.** An appeal can sometimes take longer. DVHA can take 14 more days longer, but only if it might help you (for example, your provider needs more time to send information or you can’t get to a meeting or appointment in the original time frame). The longest it will ever take is 44 days for a decision to be made.

**Do you need DVHA to decide your appeal faster?** Tell us if waiting will seriously hurt your health or life. If DVHA decides that you qualify for a faster appeal (called an “expedited appeal”), you will get a decision within 72 hours. DVHA can take longer if it might help you. The longest a faster appeal can take is 17 days.

**What if you don’t agree with the in-house appeal decision?** You may ask for a State Fair Hearing. See below for information.

## **Don't Agree with the In-House Appeal Decision? You Can Ask for a State Fair Hearing.**

A hearing officer at the Human Services Board will hear your case. They decide if DVHA made the right decision.

In most cases, you must finish the DVHA in-house appeal process before you can request a State Fair Hearing (called “exhaustion”). But, if DVHA doesn't decide your in-house appeal by its deadline, you can ask for a State Fair Hearing without waiting for a decision.

**You have 120 days to ask for a State Fair Hearing.** The 120 days start with the date on the letter telling you the in-house appeal decision.

### **There are two ways to ask for a State Fair Hearing:**

1. Call the Customer Support Center at 1-800-250-8427 or call the Human Services Board at 802-828-2536
2. Send a letter to:

**Did we cut or stop pharmacy benefits you already get?** You can keep your benefits during your State Fair Hearing. You have to ask for this within 11 days. The 11 days start from the date DVHA sent you its decision. To keep getting your benefits, call Customer Services Support Center at 1-800-250-8427.

**What happens at a State Fair Hearing?** The hearing officer at the Human Services Board will set a meeting to take another look at its decision. You can participate. You can speak for yourself or have someone speak for you. Your provider can speak or give information to the hearing officer. **Need help?** You may be able to get free legal advice from Legal Aid's Office of the Health Advocate at 1-800-917-7787 or <https://vtlawhelp.org/fair-hearing-how-prepare-what-expect>

**The Human Services Board must decide your case within 90 days of the date you first asked for an appeal.**

**Do you need the hearing officer to decide your case faster?** Tell us if waiting will seriously hurt your health or life. If you qualify for a faster State Fair Hearing (called an “expedited State Fair Hearing”), you will get a decision within 3 working days.

## **Continuation of Pharmacy Benefits**

We tell you above that you can have your pharmacy benefits stay the same during your in-house appeal and the State Fair Hearing process if you ask for this within 11 days.

Other things you should know about continuing pharmacy benefits:

- If you paid for your benefits, you will be paid back the amount you paid if the appeal or hearing is decided in your favor.

- If the state paid for the continuing benefits and the denial is upheld, you may have to pay the cost of any benefits you got while the appeal was pending.
- You can ask for continuing benefits at the same time you request the appeal or Fair Hearing.
- The service cannot continue if your appeal or hearing is about a benefit that has ended or been reduced because of a change in federal or state law.
- If your Fair Hearing is about your premium, you must pay your premium by the premium due date or your coverage will end. You will be paid back the amount you over paid if the appeal or hearing is decided in your favor.

## Grievances

A Grievance is a complaint about things other than actions, like the location or convenience of visiting your health care provider, the quality of the health care provided, or being adversely affected after exercising your rights. You can file a Grievance at any time. If you can't work out your differences with your provider, you may file a Grievance by calling the Customer Support Center or the department that is responsible for the provider or the quality of the service. That department will send you a letter about how they can address it within 90 days.

If you filed a Grievance and are not happy with the way it was addressed, you may ask for a Grievance Review. A neutral person will review your Grievance to be sure that the Grievance process was handled fairly. You will get a letter with the results of the review.

Neither you nor your provider shall be subject to retribution or retaliation for filing a Grievance or an appeal with Green Mountain Care. If you need help with any part of the Grievance or appeal process, staff members of Green Mountain Care can help you – just ask. You can ask a family member, a friend or another person (such as a provider) to help you request an appeal or a Fair Hearing, or to file a Grievance. You will need to tell the State that you want this person to act on your behalf. That person can also represent you during the process. If you do not know what to do for any of these requests, or for help with any of the steps, please call the Customer Support Center at 1-800-250-8427 for help. You can also contact the Office of the Health Care Advocate at 1-800-917-7787 or [vtlawhelp.org/health](http://vtlawhelp.org/health) for help.

## Good Cause and Hardship Request

If you are on a VPharm program and are having problems enrolling in or getting coverage from your new Medicare PDP, you should contact the Medicare PDP (or ask someone you trust to contact them on your behalf). Do everything you can to solve the problem with the Medicare PDP. If that does not work and not having your prescription is likely to cause you serious harm, you can submit a Good Cause and Hardship Request to Vermont for help obtaining your medications until the problem with your Medicare PDP plan is resolved. To do this, call the Customer Support Center at 1-800-250-8427.

# Need Help?

## **Vermont Health Connect, Green Mountain Care Customer Support Center**

Vermont Health Connect and Green Mountain Care Customer Support Center is there to help you. They can answer questions about your program and help you if you have problems getting health care.

Customer Support staff are available from 8:00 a.m. to 5:00 p.m. Monday through Friday (closed holidays).

## **Reporting Changes**

Report these changes within 10 days of the change:

- Changes in your income or household
- Address changes
- The birth or adoption of children
- Deaths
- Other health insurance that you receive

## **The Office of the Health Care Advocate (HCA)**

The Office of Health Care Advocate is available to help you with problems about your health care or your benefits. The HCA Office can also help you with Grievance, DVHA Appeals and Fair Hearings. You can contact the Health Care Advocates office at 1-800-917-7787 or [vtlawhelp.org/health](http://vtlawhelp.org/health)

## **Additional Information**

We are happy to provide information to members about our programs, services and providers. In addition to what's in this handbook, you can also get information such as:

- A list of providers in your area who participate in our programs
- Program rules and regulations
- Our quality improvement plan
- More detailed information about covered services

You can also find out about program eligibility and benefits on the web at [www.greenmountaincare.org](http://www.greenmountaincare.org).



## Other Non-Pharmacy Programs

There are other programs and services available for children, adults and families. Transportation to these services may be available depending upon what program you are enrolled in. For more information on transportation eligibility, call the Customer Support Center. Some of these programs have additional eligibility requirements. If you have questions or want to know if you are eligible, call the number for the specific program listed below.

### Adult Day Services

Adult Day Services provide an array of services to help older adults and adults with disabilities remain as independent as possible in their own homes. Adult Day Services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access both health and social services. For more information, call the Division of Disability and Aging Services (DDAS) at 802-871-3217 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

### Attendant Services Program

This program supports independent living for adults with disabilities who need physical assistance with daily activities. Program participants hire, train, supervise, and schedule their personal care attendant(s). For more information, call the Division of Disability and Aging Services (DDAS) at 802-871-3043 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

### Children's Integrated Services (CIS)

CIS is a resource for pregnant or postpartum women and families with children from birth to age six. Teams have expertise in social work and family support; maternal/child health and nursing; child development and early intervention; early childhood and family mental health; child care; and other specialties (e.g., nutrition, speech and language therapy). For more information, contact the Department for Children and Families Child Development Division at 1-800-649-2642.

### Children's Integrated Services - Early Intervention (CIS-EI)

This is a special program for children under age 3 who have disabilities or developmental delays. Provides infants, toddlers and families with early intervention services. For more information, call Vermont Family Network at 1-800-800-4005.

### Children's Personal Care Services (CPCS)

Children's Personal Care Services (CPCS) is a direct-care service within the Children with Special Health Needs(CSHN) program. It is a Medicaid service available to individuals under the age of 21 who have a significant, long-term disability or health condition that substantially impacts their age-appropriate development and ability to carry out activities of daily living (ADL). The goal of CPCS is to provide supplemental assistance with personal care for the child. For more information, contact the Administrator at 802-865-1395 or the specialist at 802-951-5169 or go to <http://healthvermont.gov/family/childrenpersonalcareservices.aspx>.

## **Children with Special Health Needs (CSHN) Clinics**

This program offers clinics and care-coordination services for children who have special health needs. They also help with some health care costs that aren't covered by health insurance or Dr. Dynasaur. Call the Vermont Department of Health at 1-800-464-4343 or go to [www.healthvermont.gov](http://www.healthvermont.gov).

## **Choices for Care**

Choices for Care is a long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting or in a nursing facility. Providers are Adult Day Centers, Area Agencies on Aging, Assisted Living Residences, Home Health Agencies, Nursing Facilities and Residential Care Homes. For more information, call the Senior Help Line at 1-800-642-5119 or go to [http://dcf.vermont.gov/esd/health\\_insurance/ltc\\_medicaid](http://dcf.vermont.gov/esd/health_insurance/ltc_medicaid).

## **Developmental Disability Services**

Developmental disability services help keep individuals of any age who have developmental disabilities living at home with their families. Services include case management, employment services, community supports and respite. Providers must be developmental services providers or Intermediary Service Organizations for people who self-manage services. For more information, call the Division of Disability and Aging Services (DDAS) at 802-871-3064 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

## **Financial Assistance Program**

A voluntary program that can help families with the after-insurance costs of their child's health care when the services have been prescribed or pre-authorized through a CSHN clinical program. Call the Vermont Department of Health at 1-800-464-4343 or go to [www.healthvermont.gov](http://www.healthvermont.gov).

## **Flexible Family Funding**

Flexible Family Funding is for people of any age who have a developmental disability and live with family, or for families who live with and support a family member with a developmental disability. The program acknowledges that families as caregivers offer the most natural and nurturing home for children and for many adults with developmental disabilities. Funds provided may be used at the discretion of the family for services and supports to benefit the individual and family. Providers of services are developmental services providers (Designated Agencies). For more information, call the Division of Disability and Aging Services (DDAS) at 802-786-5081 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

## **Adult High-Technology Home Care**

This is an intensive home care program for people over the age of 20 who are dependent on technology to survive. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement. Providers are home health agencies and medical equipment vendors. For more information, call the Division of

Disability and Aging Services (DDAS)/Clinical Services Unit at 802-871-3044 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

## **Homemaker Services**

The Vermont Homemaker Program helps people age 18 and over with disabilities that need help with personal needs or household chores to live at home. Services include shopping, cleaning and laundry. The services help people live at home independently in a healthy and safe environment. Providers are Home Health Agencies. For more information, call the Division of Disability and Aging Services (DDAS)/Individual Supports Unit at 802-871-3069 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

## **Special Clinics**

These are multidisciplinary pediatric clinics that are managed or enhanced by nursing and medical social work staff. Special Clinics create a comprehensive, family-centered, care-coordinated system of direct services. These clinics specialize in cardiology, child development, craniofacial/cleft lip and palate, cystic fibrosis, epilepsy/neurology, hand, juvenile rheumatoid arthritis, metabolic disorders, myelomeningocele, muscular dystrophy, orthopedic, rhizotomy and other conditions. Call the Vermont Department of Health at 1-800-464-4343 or go to [www.healthvermont.gov](http://www.healthvermont.gov).

## **Special Services**

CSHN nurses or medical social workers are based in regional Health Department district offices to assist Members with accessing and coordinating specialized health care services that are not available through CSHN direct-service clinics. Call the Vermont Department of Health at 1-800-464-4343 or go to [www.healthvermont.gov](http://www.healthvermont.gov).

## **The Pediatric High-Technology Home Care Program**

The Pediatric High-Technology Home Care program is an intensive home care program that coordinates medical supplies and sophisticated medical equipment. The program also provides shift-care nursing for technology-dependent, medically fragile Medicaid members. The program is overseen by the Office of Children with Special Health Needs for individuals under the age of 21. For information, contact the Pediatric High-Technology Home Care Nurse Manager at 802-865-1327 or go to <http://healthvermont.gov/family/cshn/pedihitech.aspx>

## **Vermont Early Hearing Detection and Intervention Program**

Audiologists provide screening and referral for diagnostic services for children at 12 sites statewide. For more information about any of these programs, please call 1-800-537-0076 or go to [www.healthvermont.gov/family/hearing/index.aspx](http://www.healthvermont.gov/family/hearing/index.aspx).

## **Mental Health**

The State of Vermont contracts with designated agencies across the state to provide an array of mental health services to individuals and families experiencing high emotional distress, mental illness or behavioral difficulties severe enough to disrupt their lives. Services vary

from agency to agency, but core programs are available at all designated agencies. Intake coordinators at each site work with individuals to determine programs and services that are available to meet the individual's needs. In addition, designated agencies provide access as needed to several statewide services for intensive residential care, emergency or hospital diversion beds and hospital inpatient care. To contact the Department of Mental Health, call 1-888-212-4677 or 802-828-3824 or visit [www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov).

### **Adult Outpatient Services**

This program provides services that vary from agency to agency, and waiting lists are common. Services may include evaluation, counseling, medication prescription and monitoring, as well as services for individuals sixty and over with mental health care needs. Some services are available through private providers, and some individuals may be referred to them.

### **Child, Adolescent, and Family Services**

This program provides treatment services and supports to families so children and adolescents with mental health issues can live, learn, and grow up healthy in their school, and community. These services include screening, prevention services, social supports, treatment, counseling and crisis response.

### **Community Rehabilitation and Treatment**

This program provides community-based mental health services to enable individuals to live with maximum independence in their communities among family, friends and neighbors. The comprehensive CRT services are only available to adults with severe and persistent mental illness with qualifying diagnoses, who meet additional eligibility criteria. Additional eligibility criteria include service utilization, hospitalization history, severity of disability and functional impairments.

### **Emergency Services**

This program provides mental health emergency services 24 hours a day, 7 days a week to individuals, organizations and communities. Essential emergency services may include telephone support, face-to-face assessment, referral and consultation.

## **Traumatic Brain Injury Program**

This program assists Vermonters age 16 or older who are diagnosed with a moderate to severe brain injury. It diverts or returns people from hospitals and facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals in achieving their optimum independence and help them return to work. For more information, call the Division of Disability and Aging Services (DDAS)/Individual Supports Unit at 802-871-3069 or go to [www.ddas.vermont.gov](http://www.ddas.vermont.gov).

## **Women, Infants, and Children Program (WIC)**

WIC is a program that helps mothers and young children eat well and stay healthy by providing information and food items. You may go to one of 62 sites around the state to see if you are eligible. Benefits may include a nutrition newsletter, cooking classes, Farm-to-Family coupons, as well as individual food packages. For more information, call your local Vermont Department of Health Office; 1-800-649-4357, or go to [www.healthvermont.gov](http://www.healthvermont.gov)

# Additional Resources in Your Community

More information about resources in your community can be found at [www.vermont211.org](http://www.vermont211.org).