



DEPARTMENT OF VERMONT HEALTH ACCESS

Pharmacy Programs Handbook



GreenMountainCare
A HEALTHIER STATE OF LIVING

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Green Mountain Care Member Services
 1-800-250-8427 (TDD/TTY) 1-888-834-7898
 Call for Free Interpreter Services and Alternative Formats

Welcome to your Vermont Pharmacy Program

The first part of this handbook has general program information that applies to all of our pharmacy programs. Later sections give information about the program that you have joined.

If you don't know what program you are in, or if you have any questions, call Green Mountain Care Member Services at 1-800-250-8427. Call Monday through Friday, from 7:45 a.m. to 4:30 p.m. (closed holidays). The call is free. Our TDD line is 1-888-834-7898.

Program Names

Pharmacy assistance programs in Vermont are run by the Department of Vermont Health Access (a state-funded managed care organization under the Global Commitment to Health Waiver). The pharmacy assistance programs are listed here. Each one has its own eligibility rules and benefit package.

VHAP-Pharmacy, VScript, and VScript Expanded

Helps Vermonters who are at least 65 years old and/or receive disability benefits from Social Security, and *do not qualify for Medicare*, pay for their prescriptions.

VPharm 1, VPharm 2, and VPharm 3

Helps Vermonters *who qualify for Medicare* pay for their Medicare Part D plan and related costs.

Healthy Vermonters Program

Allows Vermonters without other prescription insurance to purchase covered drugs at a discounted rate.

Medicare Buy-In Programs

Helps Vermonters pay for all or part of the cost of their Medicare A & B coverage. Some people on VPharm may also be eligible for one of these programs. The buy-in programs are: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI-1.)



Your ID Card

Your state 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 Member Services and ask for a new one. If you have Medicare prescription insurance, show your provider both of your insurance ID cards.

Providers

The provider who writes a prescription for you must be enrolled in our programs, and the pharmacy where you fill your prescription must be one that accepts our payment. Most providers and pharmacies in Vermont are in our programs. If you have questions about providers and pharmacies, call Member Services or go to www.vtmedicaid.com and click on Provider Look-up.

Preferred Drug List

Our programs, along with other insurance companies, work to provide quality health coverage at an affordable cost. To help keep costs down, Vermont asks providers to prescribe medications from a list of preferred drugs. These are generic drugs or drugs that cost Vermont less money. These drugs work the same way as more expensive drugs that are advertised by the drug companies. Physicians and Pharmacists are bound to prescribe/fill the lowest priced equivalent as medically necessary. If you refuse the substitution, your program may not cover the drug. If you would like a copy of the preferred drug list, call Member Services or go to www.dvha.vermont.gov.

Our programs do not cover drugs that are considered experimental or are not approved by the Federal Drug Administration (FDA).

Prior Approval

If your provider thinks you need a drug that is not on the preferred drug list, or needs prior approval for another reason, he or she may ask for approval. To ask for approval, your provider would call the pharmacy benefit manager for Vermont, MedMetrics Health Partners. Your provider and pharmacy should know how to contact MedMetrics. If they do not, they can call Member Services for the phone number.

Co-Payments

If you are on VPharm (1, 2, or 3), VHAP-Pharmacy, VScript, or VScript Expanded, you will have a co-pay of \$1 or \$2.

- If the cost to the state for your prescription is \$29.99 or less, your copay will be \$1.00.
- If the state's cost is \$30.00 or more, your copay will be \$2.00.

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



Pharmacy Programs for Vermonters without Medicare

The programs below help elderly or disabled Vermonters who **do not qualify for Medicare or have any other insurance that covers prescriptions to pay for their prescriptions**. Each program has its own rules for eligibility and its own benefit package.

VHAP-Pharmacy

VHAP-Pharmacy covers most types of drugs used to treat short-term and long-term medical problems, as well as one comprehensive eye exam and one interim exam every two years by an optometrist or an ophthalmologist. Members on VHAP-Pharmacy pay a monthly premium and copays up to \$2 on covered drugs.

VScript

VScript covers most types of drugs used to treat long-term medical problems. VScript members pay a monthly premium and copays up to \$2 on covered drugs. Members on this program also are on the Healthy Vermonters Program, which may provide a discounted rate for drugs used to treat short-term medical problems.

VScript Expanded

VScript Expanded also covers types of drugs used to treat long-term medical problems. These drugs must be manufactured by companies that have signed a special agreement with Vermont. VScript Expanded members pay a monthly premium and copays up to \$2 on covered drugs. Members on this program also are on the Healthy Vermonters Program, which may provide a discounted rate for drugs used to treat short-term medical problems not covered by VScript Expanded.

Healthy Vermonters Program

The Healthy Vermonters Program does not pay for drugs—but allows Vermonters to buy covered drugs at a discounted rate. The amount of the discount depends on the drug. There are no premiums for this program.

Long-term Drugs

Drugs for certain long-term treatments must be given to you in **90-day supplies**. These are drugs taken routinely to manage select health issues. They depend on the person's situation and include, but are not limited to, **high blood pressure, cholesterol, and diabetes**. The first time you try the drug, it can be for a shorter period of time while your provider decides if it is right for you. After that, you will get a 90-day supply.

If your provider thinks you need a drug that is not preferred or should not be for a 90-day supply, he or she may ask for approval for us to pay for that drug. If you would like a copy of the preferred drug list or the list of drugs that require a 90-day supply, call Member Services or go to

www.dvha.vermont.gov.



Green Mountain Care Member Services
 1-800-250-8427 (TDD/TTY) 1-888-834-7898
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Pharmacy Programs for Vermonters with Medicare

The programs below help pay prescription costs for those who are on (or qualify for) Medicare Part D 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 prescription drug plan (PDP) to keep getting drug coverage. Your Medicare Part D plan is the first payer for all of your prescriptions and your VPharm program is the second payer.

Low-Income Subsidy (LIS)

Members may also qualify for extra help paying their costs from a Social Security Administration program called the Low-Income Subsidy (LIS). LIS pays for your basic Part D premium and most of your cost-sharing. You must apply for LIS even if you think you are not eligible. Green Mountain Care will only help to cover some costs that are not covered by Medicare Part D or LIS. Members of the Medicare buy-in program are automatically eligible for the Low-Income Subsidy (LIS).

Long-term Drugs

Drugs for certain long-term treatments must be given to you in **90-day supplies**. These are drugs taken routinely to manage select health issues. They depend on the person's situation and include, but are not limited to, **high blood pressure, cholesterol, and diabetes**. The first time you try the drug, it can be for a shorter period of time while your provider decides if it is right for you. After that, you will get a 90-day supply.

If your provider thinks you need a drug that is not preferred or should not be for a 90-day supply, he or she may ask for approval for us to pay for that drug. If you would like a copy of the preferred drug list or the list of drugs that require a 90-day supply, call Member Services or go to www.dvha.vermont.gov.

Over-the-counter (OTC) Drugs

If you are on VPharm and take certain drugs to **lower your cholesterol or reduce stomach acid** you will need to use one of a selected group of OTC or generic drugs in order for VPharm to help pay for the cost.

VPharm 1

Members on VPharm 1 pay a monthly premium. In return, VPharm 1 pays for

- The amount of your PDP premium that LIS does not pay for, up to a maximum amount,
- PDP copays, deductibles, co-insurance and coverage gaps not covered by LIS, for short-term and long-term drugs covered by the PDP,
- Specific types of drugs that are not covered by the PDP, but are covered by Vermont (drugs for anorexia, weight gain, or weight loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines), and
- One comprehensive eye exam and one interim exam every two years by an optometrist or an ophthalmologist.



VPharm 2

Members on VPharm 2 pay a monthly premium. In return, VPharm 2 pays for

- The amount of your PDP premium that LIS does not pay for, up to a maximum amount,
- PDP copays, deductibles, co-insurance and coverage gaps not covered by LIS for drugs covered by the PDP that are used to treat long-term medical problems, and
- Specific types of drugs used to treat long-term medical problems that are not covered by the PDP, but are covered by Vermont (drugs for anorexia, weight gain, or weight loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines).

The Healthy Vermonters Program may also give you a discount on some of the drugs not covered by VPharm 2 that are used to treat short-term medical problems. As a VPharm 2 member you do not need to apply for the Healthy Vermonters Program, you will receive the discount automatically.

VPharm 3

Members on VPharm 3 pay a monthly premium. In return, VPharm 3 pays for

- The amount of your PDP premium that LIS does not pay for, up to a maximum amount,
- PDP copays, deductibles, co-insurance and coverage gaps not covered by LIS for drugs covered by the PDP and Vermont that are used to treat long-term medical problems, and have a rebate agreement with the state of Vermont
- Specific types of drugs used to treat long-term medical problems that are not covered by the PDP but are covered by Vermont (drugs for anorexia, weight gain, or weight loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines).

The Healthy Vermonters Program may also give you a discount on some of the drugs not covered by VPharm 3 that are used to treat short-term medical problems. As a VPharm 3 member you do not need to apply for the Healthy Vermonters Program, you will receive the discount automatically.

Healthy Vermonters Program

The Healthy Vermonters Program does not pay for drugs—but allows you to buy types of covered drugs not included in Part D at a discounted rate. The amount of the discount depends on the drug, but sometimes you may be able to get a better discount through AARP or other discount drug programs. There is no premium for this program.



Medicare Buy-In Programs

Some VPharm members with lower incomes may also qualify for help paying for all or part of their Medicare Part A & B coverage. Programs that help people pay for Medicare A & B are called Medicare buy-in 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 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 Member Services for more information. There are no premiums for the buy-in 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 on 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 Member Services 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 Member Services.



Your Rights and Responsibilities

You have the right to

- Be treated with respect and courtesy,
- Be treated with thoughtfulness
- 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 in them is wrong,
- Complain about your program or your health care (see page 14 for more information),
- Be free from any form of restraint or seclusion used as a means of bullying, discipline, convenience, or retaliation, and
- Ask for an appeal if you have been denied services you think you need. See page 15 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,
- Learning about your program rules so that you can make the best use of the services that you can get, and
- Paying premiums and copays when they are required.



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 which 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.

An adult may use an advance directive to name one or more people and alternates who have the authority to make health care decisions for you. 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 that 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, if possible, and whomever you have named to act on your behalf about the conflict; 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 800-564-1612 or TTY 802-241-1248 to file a complaint about someone who is not following the law. You may submit a written complaint to:

Division of Licensing and Protection
Ladd Hall
103 South Main Street 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. Title 18 is available at <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 Member Services.



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 1-800-24-DONOR (1-800-243-6667) 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 on, to avoid bad reactions from drugs that don't mix.

Notice of Privacy Practices

When you were determined eligible for our programs, you received a letter stating that you were eligible and 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 Member Services 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, and
- 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 Member Services. 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, home health care providers, and/or a copy of clinical best practice guidelines by going to the Department of Vermont Health Access web site <http://dvha.vermont.gov/forconsumers> or by calling Member Services.



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 Member Services 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 15 of this handbook.

Good Cause and Hardship Request

If you are on a VPharm program and are having problems enrolling in or getting coverage from your new Part D plan, you should contact the Part D plan (or ask someone you trust to contact them on your behalf). Do everything you can to solve the problem with the Part D plan. 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 Part D plan is resolved. To do this, call Member Services.

If your Part D plan denies your prescription, you must go through the first three levels of your Part D Plan appeal process before asking Vermont to cover your prescription. The third level is the "independent review entity." Call the customer service department of your Part D plan for information about their appeals process. If your Part D plan denies your request in all three levels of their process, your provider can call Vermont's pharmacy benefit manager, MedMetrics, to ask Vermont to cover the prescription. If that request is also denied, you can start going through Vermont's appeal process.

If Vermont denies a prescription for a type of drug that is not covered by Part D, your provider or pharmacist should call MedMetrics to find out why the drug was denied. Your provider may be able to get the drug covered by giving more information about why you need the drug and asking for a prior authorization. If that request is denied, you can start going through Vermont's appeal process.



When You Don't Agree with an Action

If you have Medicare Part D, most decisions about your benefits will be made by your primary insurance plan (Part D prescription drug plan). Call the customer service number on the back of your Part D plan insurance ID card for information about how to appeal a decision made by that plan.

If the state takes an action to deny, limit, reduce or stop a benefit, you may also ask for that decision to be reviewed. An "action" is one of the following:

- Denial or limit of a covered service or eligibility for service, including the type, scope or level of service;
- Reduction, suspension or termination of a previously approved covered service or a service plan;
- Denial, in whole or in part, of payment for a covered service;
- Failure to provide a clinically-indicated covered service, by any provider
- Failure to act in a timely manner when required by state rule;
- Denial of your request to obtain covered services from a provider who is not enrolled in Medicaid (note that the provider who is not enrolled in Medicaid cannot be reimbursed by Medicaid).

If you don't agree with an action, you may ask for that action to be reviewed. If the Department of Vermont Health Access made the decision, you can ask Member Services for your appeal or fair hearing (described below) by calling 1-800-250-8427, or writing to the address below. Call the customer service number on the back of your employer-sponsored insurance plan ID card for information about how to appeal a decision made by that plan.

Green Mountain Care Member Services
 Department of Vermont Health Access
 101 Cherry Street, Suite 320
 Burlington, VT 05401

Appeal

Appeals are heard by a qualified person who did not make the original decision. You have 90 days from the decision date to ask the department that made the decision for an appeal. Your provider may ask for the appeal if you wish. In most cases we try to make a decision in 30 days, however it can take up to 45 days. You and the state can also request up to 14 more days 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 59 days for a decision to be made.

If your need for the denied benefit is an emergency, you may ask for an **expedited appeal**. If it is decided that your appeal is an emergency, you will get a decision within three working days.

If you are told your benefit is changed because of a change in a federal or state law, you may not ask for an appeal but may ask for a fair hearing.



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Fair Hearing

If you disagree with the decision from the appeal, you may ask the department that made the decision for a fair hearing. You have 90 days from the date of the original notice of decision or action, or 30 days from the date of an appeal decision to ask for a fair hearing. At a fair hearing, you may represent yourself or ask a lawyer, a relative, a friend, or other spokesperson to represent you. Your Choice: You may ask for both an appeal and a fair hearing at the same time, just an appeal, or just a fair hearing.

When a Fair Hearings is requested, the first hearing will be scheduled between 7 and 30 days. Federal rules say that your fair hearing will be resolved within 90 days of the date you asked for an appeal or for a fair hearing, whichever comes first. However this timeframe is often longer in order to get more information or review new information. Fair hearings generally end up taking several months.



Continuation of Benefits

If a benefit has been ended or reduced based on your individual situation and you have asked for an appeal or a fair hearing:

- You must ask for a continuation of benefits within 10 days of when you requested an appeal or fair hearing,
- You may ask for the benefit to continue until your appeal or hearing is decided.
- 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 and/or fair hearing from member services (phone number and address on page 25).
- 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. If you can't work out your differences with your provider and it is within 60 days of the problem, you may file a grievance by calling Member Services 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 Member Services at 1-800-250-8427 for help. You can also call the Office of Health Care Ombudsman at 1-800-917-7787 for help.

Neither you nor your provider shall be subject to retribution or retaliation for filing a grievance or an appeal with the MCO. If you need help with any part of the grievance or appeal process, staff members of the MCO 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 Member Services at 1-800-250-8427 for help. You can also call the Office of Health Care Ombudsman at 1-800-917-7787 for help.



Need Help?

Green Mountain Care Member Services

Green Mountain Care Member Services is there to help you. They can answer questions about your program, help you choose or change your PCP, and help you if you have problems getting health care.

Member Services staff are available from 7:45 a.m. to 4:30 p.m., Monday through Friday (closed holidays) at 1-800-250-8427 or TDD 1-888-834-7898

Report changes within 10 days of the change:

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



The Office of the Health Care Ombudsman

The Office of Health Care Ombudsman is available to help you with problems about your health care or your benefits. The Ombudsman Office can also help you with grievances, appeals, and fair hearings. You can call the Ombudsman office at 1-800-917-7787.

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, and
- More detailed information about covered services.

You can also find out about program eligibility and benefits on the web at www.dvha.vermont.gov.



Other 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 Member Services. 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.

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 802-241-2196 or go to www.ddas.vermont.gov

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 802-241-4496 or go to www.ddas.vermont.gov

Children's Personal Care Services

This program is designed to help families with the extra care needs of children under the age of 21 who have disabilities or serious health problems. Hours of support may be used flexibly and can be provided in a variety of settings. Families hire their own staff. For more information, call the Division of Disability and Aging Services (DDAS) at 1-888-268-4860 or go to www.ddas.vermont.gov

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.

Special Clinics

These are multidisciplinary, pediatric clinics, managed by or enhanced by nursing and medical social work staff, creating 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; 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.

Special Services

CSHN nurses and/or medical social workers who are based in regional Health Department district offices provide assistance with access to and coordination of specialized health care not available through CSHN direct service clinics.



Financial Assistance Program

A voluntary program which 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.

Hearing Outreach Program

Audiologists provide screening and referral for diagnostic services at 14 sites statewide. For more information about any of these programs, please call 1-800-537-0076 or go to www.healthvermont.gov/family/hearing.aspx

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 Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.ddas.vermont.gov

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 802-241-4493 or 802-786-5081 or go to www.ddas.vermont.gov

Family, Infant and Toddler Project

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 1-800-870-6758.

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 802-241-1228 or go to www.ddas.vermont.gov

Healthy Babies

This is a program for pregnant women and infants who have Medicaid/Dr. Dynasaur. It offers home visiting and other support services from public health nurses, home health agencies and parent-child centers. For more information, call the Vermont Department of Health at 1-800-464-4343 or go to www.healthvermont.gov.



High Technology Home Care

This is an intensive home care program for people of any age 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 802-241-4639 or go to 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 802-241-1228 or go to www.ddas.vermont.gov

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 state wide services for intensive residential care, emergency or hospital diversion beds, and hospital inpatient care. **To contact the Department of Mental Health the temporary general number is 802-828-3824** or visit www.mentalhealth.vermont.gov

A) 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.

B) 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.

C) 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 including service utilization and hospitalization history, severity of disability, and functional impairments.



D) Emergency Services

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

Program for All-Inclusive Care for the Elderly (PACE)

PACE is a health care system for frail individuals 55 years and older or for those age 18 and over with physical disabilities. People must qualify for a nursing home level of care. PACE provides all acute, primary, and long-term care needs of the individual. PACE centers are located in Chittenden and Rutland counties. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.ddas.vermont.gov

Traumatic Brain Injury Program

This program assists Vermonters age 16 or older diagnosed with a moderate to severe brain injury. It diverts and/or returns people from hospitals and facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve 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 802-241-1456 or go to 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

More information about resources in your community can be found at

www.vermont211.org



Attention! If you need help in your language, please call 800/250-8427.

Attention ! Si vous avez besoin d'assistance dans votre langue, appelez le : 800/250-8427.

¡Importante! Si necesita ayuda en su idioma, por favor llame al 800/250-8427.

Importante. Se avete bisogno di aiuto nella vostra lingua per favore chiamate il 800/250-8427.

Ważne! Aby uzyskać pomoc w Twoim języku, zadzwoń pod numer 800/250-8427.

Lưu ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, xin gọi số 800/250-8427.

重要訓息！如果您需要您語言的幫助，請致電：800/250-8427.

Важно! Если вам требуется помощь на вашем языке, звоните 800/250-8427.

Προσοχή! Εάν χρειάζεστε βοήθεια στη γλώσσα σας τηλεφωνήστε στο 800/250-8427.

Importante! Se precisar de ajuda na sua língua, favor telefonar para 800/250-8427.

هام ! إذا كنت بحاجة إلى مساعدة بلغتك ، نرجو الاتصال بالرقم 800 / 250 - 8427.

សំខាន់! បើសិនជាអ្នកត្រូវការជំនួយជាភាសាសំខាន់របស់អ្នក, សូមទូរស័ព្ទតាមលេខ 800/250-8427.

ສຳຄັນ! ຖ້າຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫລືອໃນດ້ານພາສາຂອງທ່ານ, ກະລຸນາໂທເບ 800/250-8427.

Կարևոր տեղեկություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, խնդրում ենք զանգահարել 800/250-8427 հեռախոսահամարով:

Enpòtan! Si ou bezwen èd avèk lang ou, tanpri rele 800/250-8427.

Green Mountain Care Member Services
For questions call: 1-800-250-8427 (TDD/TTY) 1-888-834-7898
Call for Free Interpreter Services and Alternative Formats
Open 7:45 A.M. to 4:30 P.M Monday through Friday (except for State of Vermont holidays)