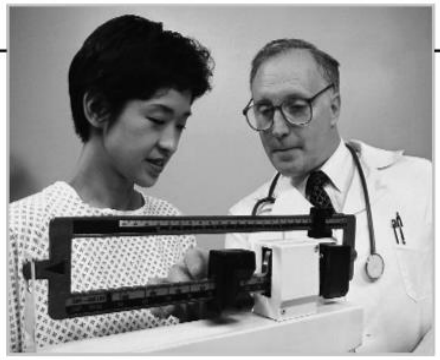


*DEPARTMENT OF VERMONT HEALTH ACCESS*

# Health Care Programs Handbook

GreenMountainCare
A HEALTHIER STATE OF LIVING

# Table of Contents

2022

# Welcome to Your Green Mountain Care Program

The first part of this handbook has general program information that applies to all of our health care programs. Later sections give information about the program you have joined. If you don't know what program you are in, or if you have any questions, 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). This number can also be found on the back of your Green Mountain Care card.

Green Mountain Care encourages providers to offer quality, medically necessary covered services to all members, and does not encourage physicians to limit, deny or restrict medically necessary covered services. Green Mountain Care will not discriminate against you based on federally-prohibited conditions. More information about Green Mountain Care Programs is available by calling the Customer Support Center at 1-800-250-8427

If you wish to cancel your Green Mountain Care coverage, call the Vermont Health Connect and Green Mountain Care Customer Support Center at 1-800-250-8427. To cancel your coverage in writing, please mail your request to:

DCF/Economic Services Division
ADPC
103 South Main Street
Waterbury, VT 05671-1500

## Program Names

Medicaid is a health care program for children, parents, caretakers, the elderly, people with disabilities who meet program guidelines and certain adults without children who meet certain eligibility requirements. Long-term care Medicaid is available for people who meet medical criteria (as determined by the Department of Disabilities, Aging, and Independent Living) and the income and resource guidelines.

Dr. Dynasaur provides low-cost or free Medicaid coverage for children, teenagers under age 19 and pregnant women.

## Your Green Mountain Care Card

Your ID card will be mailed to your home. Please show it when you go for health care. 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 other health care insurance, show your provider both of your insurance ID cards.

# Health Care and Referrals

## Primary Care Provider (PCP)

The word "primary" means first. Your PCP is who you call first when you need medical care. Your PCP will provide most of your health care and work with you to schedule specialty care when you need it.

If your PCP is new to you, ask your old PCP to send your medical records to your new PCP. Call your new PCP to say that the records are coming. It is important for your PCP to have your medical records.

## After Hours Care

Try to see your PCP for medical problems during regular office hours. If you have an urgent health care problem when your Primary Care Provider's (PCP) office is closed, you can call your PCP's office and ask for help or advice.

Your PCP's office will have someone available 24 hours a day, seven days a week to help you. Please see the section of this handbook titled **Emergencies** for more information about emergency and urgent care.

## Specialists

A specialist is someone who has extra training and works on certain kinds of health care problems. For example, if you have heart problems, your PCP will help you get an appointment with a heart specialist. This is called a "referral." In most cases, you must see your PCP before going to a specialist. Your PCP can help you decide if you need a specialist and help you choose which one to see. You must get a referral from your PCP before going to a specialist that is not a Medicaid provider. If you don't get a referral from your PCP before you go, you may have to pay for the visit.

# If Your Doctor Does Not Accept Green Mountain Care

If you see a provider now who is not in your program, you may be able to keep going to that provider for up to 60 days after you join the program. This can only happen if:

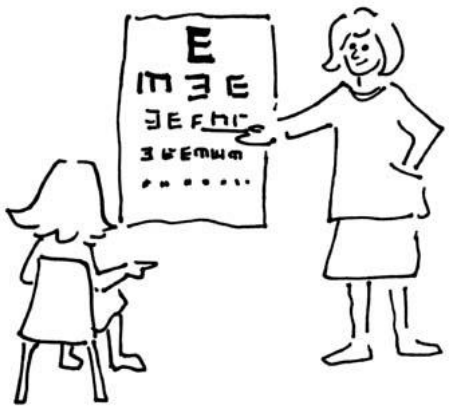
- You have a life-threatening illness, **or**
- You have an illness that is disabling or degenerative, **or**
- You are more than three months pregnant, **and**
- The provider agrees to accept the program rates and follow the program's rules.

To arrange for a 60-day extension, or to find out more about referrals and providers in our programs, call the Customer Support Center at 1-800-250-8427. You can also see which providers accept Green Mountain Care by going to vtmedicaid.com, and clicking on Provider Look-up. Providers listed as "out of network" may not accept Green Mountain Care insurance.

Any provider you see must accept Green Mountain Care. If they do not, they will not get paid by Green Mountain Care for treating you and you will have to pay for the services. If you have other health insurance that may pay for all or part of the treatment, your provider must accept both health insurance plans.

## Regular Checkups

It's always better to prevent health problems before they start. One way to do this is to have regular checkups with your PCP. Your doctor can help you decide how often to have checkups. Ask your primary care provider about specific health care screenings that you should have based on your age and individual risk factors.



The Vermont Department of Health has advice about checkups. For more information, call the Vermont Department of Health at 1-800-464-4343, or visit the website at www.healthvermont.gov.

# Medicaid and Dr. Dynasaur

## What Your Program Covers (Services You Can Get)

Most Green Mountain Care programs cover provider and specialist visits, hospital care, prescriptions, and many other services with some rules and limits. You should see your primary care provider first before making appointments for services with a specialist. Your provider should contact Provider Services to be sure that the service is covered for you before they provide the service. If you have a question about a service that is not listed, call the Customer Support Center at 1-800-250-8427.

- Outpatient hospital care you get without being admitted to a hospital;
- Emergency services;
- Hospitalization (like surgery and overnight stays);
- Pregnancy, maternity, and newborn care (both before and after birth);
- Mental health and substance use disorder services, including mental health treatment (this includes counseling and psychotherapy);
- Prescription drugs;
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills);
- Laboratory services;
- Preventive and wellness services and chronic disease management;
- Dental, vision, and hearing services;
- Pediatric services; and
- Non-Emergency Medical Transportation.

## Copayments for Medicaid

- Medicaid members pay $3 for each dentist visit.
- Medicaid members pay $1, $2 or $3 for prescriptions.
- Medicaid customers pay $3 per day per hospital for outpatient hospital visits.

Some services provided at an office outside of the hospital are hospital outpatient services. Ask your provider if a service will be billed as hospital outpatient visit.
If it is, your copay will be $3.

Most children, pregnant women, and people in nursing homes do not have to pay copays. People enrolled in the Breast and Cervical Cancer Treatment Program do not have to pay copays.

You do not have to pay copays for:

- Preventive services
- Family planning services and supplies
- Emergency services
- Sexual assault related services

## Premiums

Some Dr. Dynasaur members may need to pay a monthly premium. Household premium amounts depend on family income, size, and health insurance status. When you get your first bill, it is important to pay it right away so that your coverage can begin. Keep paying on time so that you do not lose coverage. If you lose your premium bill, call the Customer Support Center to find out how much you owe and how to pay.

## What is EPSDT?

EPSDT is Medicaid and Dr. Dynasaur for children and youth under age 21. It tries to keep children as healthy as possible. **EPSDT** stands for Early Periodic Screening Diagnostic Treatment. It should:

- Find problems early, starting at birth
- Include checkup doctor visits at regular set times
- Use check-up tests to find any problems
- Do follow-up tests if problems are found and
- Treat any health problems found

### How EPSDT Works

EPSDT is a federal law. It says the State must pay for any medically needed health care service. **Medically needed** means it is for that health problem **and** that this is what most doctors would do to treat the problem. It pays for more services than Medicaid covers for adults. Some services need to be OK'd first through the prior authorization process.

### EPSDT Covers

- Regular check-ups
- Tests on how the child is growing and learning
- Shots
- Eye tests
- Hearing tests

- Checks for lead poison
- Dental visits
- Counseling

**How often does a child get check-ups?**
There is a list of the health check-ups children and youth should get every year. To see the list, click **HERE**. Click **HERE** to see the dental check-up list.

**EPSDT does not pay for:**

- Services or items that are not in federal Medicaid laws (Section 1905(a) of the Social Security Act).
- Experimental care that is not safe or does not work.
- High-cost services or items if a cheaper one will work just as well.
- Services that are not medical.

For more information, visit www.dvha.vermont.gov/members or call 1-800-250-8427.

## What Your Program Does Not Cover

- Work-related injuries that should be covered by Worker's Compensation,
- Costs for court-ordered services unless they are also medically necessary,
- Services that are experimental or investigational,
- Cosmetic services (services to improve how you look),
- Services that are not medically necessary,
- Acupuncture, acupressure, or massage therapy,
- Fertility treatment (services that help you get pregnant),
- Health club memberships, and
- Care in foreign countries.

## Getting Services Covered in Medicaid and Dr. Dynasaur Programs

## Exceptions

When a service is not covered by Medicaid for adults age 21 and older, you can ask to have the service covered for you. The Customer Support Center can help you submit this request. You and your provider will be asked to give information to the Department of Vermont Health Access about the service and why you need it. We will send you an answer by mail in about 30 days. All medically necessary services are covered by EPSDT for anyone under age 21. If a service is not listed as covered, your provider must ask for it to be OK'd with a prior authorization.

To find out more about this process, or to ask for an exception, call the Customer Support Center at 1-800-250-8427. The forms can also be found online at

www.dvha.vermont.gov/members/vermont-medicaid-programs/member-information/coverage-exceptions

## Prior Authorization

Green Mountain Care works with doctors, nurses and other professionals to make sure that the health care you get is medically necessary. Some services and drugs need to be approved before you can get them. This is called a prior authorization. Your providers know what those services and drugs are, and they will ask for the prior authorization for you.

Decisions about prior authorization are made within three days if all the required documentation is received for review. Both you and your provider will get a letter telling you the decision. Prior authorization is not needed for emergency services.

## Durable Medical Equipment (DME)

**Durable Medical Equipment (DME)** is something you can use to help make life with your medical condition easier. Wheelchairs and hospital beds are examples of DME.

**I have Medicaid and I need DME. How do I get it?**

1. **Your provider will refer you to an evaluator for an assessment.**
    - Most evaluators are physical or occupational therapists. The evaluator will set up an assessment with you. You might have to wait for the assessment if the evaluator is very busy. You might also have to wait if the DME vendor needs to help you try the equipment. The DME vendor is the company that provides the equipment.
    - *Note:* If the DME that you need is simple, you might not need an assessment. If your provider says you do not need an assessment, skip to step 2.
    - The evaluator will decide what kind of DME you need and send an assessment form to your provider.
2. **Your provider will write a prescription.**
    - Your provider will sign the assessment form and send a prescription for the DME to the vendor.
3. **The DME vendor will ask Medicaid for prior authorization.**

    *If you do NOT need prior authorization, skip to step 5.*

    - If you need prior authorization for the DME, the vendor will send information about you and the DME you need to Medicaid. Prior authorization means that Medicaid has to say it is okay before you can get the equipment.
    - A clinical reviewer will review your information. The reviewer will decide if you have a medical need for the equipment.
    - The clinical reviewer might need more information to decide if you have a medical

need for the equipment. If the reviewer needs more information, Medicaid will ask the DME vendor to send it. The vendor must send the information within 12 days. Once Medicaid has all the information, the reviewer must make a decision within 72 hours.

- If the DME is part of a Home Health visit you will need to have a visit with your provider, the first time the DME is ordered

**4. Medicaid will send you a Notice of Decision**

- Medicaid will tell you the decision by sending you a letter called a Notice of Decision. Medicaid will also send the letter to your provider and the DME vendor. In Vermont, the Department of Vermont Health Access (DVHA) runs Medicaid, so the letters will be from DVHA.

**5. The DME vendor will get the DME for you.**

If Medicaid approves, the DME vendor will give you the DME or order it for you.

If Medicaid does NOT approve, you can appeal the decision. To appeal, call the Customer Support Center at 1-800-250-8427. Medicaid has worked hard to shorten the amount of time it takes to approve a request for DME in Vermont. For complex wheelchairs, it takes about 9 days. That is shorter than the amount of time Medicaid rules require. It is also shorter than the national average. For simple equipment, the amount of time is shorter. If you have Medicaid and Medicare or another insurance plan, this process may take longer.

## Drugs and Prior Authorization

Green Mountain Care, like other insurance companies, works to provide quality health coverage at an affordable cost. To help keep costs down, Green Mountain Care asks providers to prescribe medications from a list of preferred drugs. Some drugs on the Preferred Drug List are generic drugs that cost less. They work the same way as more expensive drugs advertised by drug companies. Providers should prescribe and pharmacists must fill the lowest priced equivalent drug that is medically appropriate. If you refuse the substitution, your Green Mountain Care program may not cover the non-preferred drug.

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, drugs to manage high blood pressure, cholesterol and diabetes. The first time you try the drug, it can be for a shorter period of time while you and your provider decide 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 authorization 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 the Customer Support Center or go to http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria.

## Emergencies

An emergency is a sudden and unexpected illness, medical condition, or mental health condition, with symptoms that you believe could be a serious threat to your health or life if you don't get medical attention right away. These are some examples, but emergencies are not limited to this list:

- Chest pain
- Broken bones
- Convulsions or seizures
- Severe bleeding
- Severe burns
- Severe pain
- Mental health crisis

Post-emergency services to make sure that your health is stable after an emergency are also covered.

Emergency medical services such as stitches, surgery, x-rays, or other procedures, are also covered.

If you have an emergency, call 911 or go to the nearest emergency room or hospital for emergency care right away. You do not need a referral from your PCP for emergency care. Let your PCP know what happened as soon as you can.

If you require emergency care when out-of-network, Green Mountain Care will make every effort to outreach the provider so we can pay the bill. Report information and any bill received to the Customer Support Center at 1-800-250-8427.

Please note that Green Mountain Care cannot guarantee that out-of-network providers will choose to accept your Green Mountain Care insurance.

# When You Have to Pay

If you don't follow program rules, you may have to pay for services yourself. Examples of when this can happen are:

- If the service needs a referral or prior authorization and you don't get it before you get the service;
- If you choose to go to a provider who does not accept Green Mountain Care; and
- If your provider tells you the service is not covered, and you decide to have it anyway.

Be sure to tell your provider that you are on Green Mountain Care. They will tell you if they won't accept your insurance.

Follow your program rules if you do not want to get bills for your medical care.

## If You Get a Bill

If you follow your program rules, you should not get bills for medical services that are covered, except for any copays you may have. If you do get a bill, follow these steps:

- Open the bill right away,
- Call the provider and make sure they know you are on Green Mountain Care, and
- Call the Customer Support Center at 1-800-250-8427 for help.
- Do not pay the bill before calling the Customer Support Center. Green Mountain Care can only pay providers. If you pay for a service, we cannot pay you back.

## If You Have Other Insurance

If you have other insurance, you must follow the rules of your other insurance plan. Go to providers who are in your insurance plan and in our programs. Your provider must bill your other insurance first. Our programs may help to cover what your other insurance does not.

# 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, you may 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,
- Discuss concerns about your program or your health care (see page 20 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 19 for more information.

## You 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 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.

## 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 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.

Title 18 is available at http://legislature.vermont.gov/statutes/chapter/18/231 . 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 Primary Care Provider (PCP)

To help your PCP make sure that you get the health care you should have, your name may be on a list that we give to him or her. Some of these lists may be about:

- Patients who have diabetes who have not had their eyes examined in the last year,
- Women who have not had a pap test or mammogram recently,
- Children who aren't up to date on their immunizations,
- Drugs patients are on to help avoid bad reactions from drugs that don't mix, and
- Children who are behind on their routine exams.

## Notice of Privacy Practices

When you were determined eligible for our programs, you received a letter stating that you were eligible along with 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. This notice may also be viewed electronically by visiting www.humanservices.vermont.gov/privacy-documents.

If you feel that your privacy rights have been violated, please contact the AHS Privacy Officer at 802-241-2234 or visit www.humanservices.vermont.gov/policy-legislation/hipaa/hipaa-info-beneficiaries/health-information-complaints/.

## 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 health care 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 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, home health care providers, or a copy of clinical best practice guidelines by going to www.dvha.vermont.gov/members/vermont-medicaid-programs/member-information/other-resources or by calling the Customer Support Center at 1-800-250-8427.

## What to do When You Don't Agree with a Decision We Made

You can appeal. This means to ask that someone look at your case and see if we made a mistake. Keep reading to find out more.

The First Step is to decide what you are appealing.

- Are you appealing if you can get or keep Medicaid/Dr. Dynasuar, VPharm, or a Medicare Savings Program? OR are you appealing a premium?
    - If yes, see below for the heading, "What to do if you disagree with our eligibility decision."
- Are you appealing whether your Medicaid/Dr. Dynasaur covers health care services?
    - If yes, see below for the heading, "What to do if you disagree with a decision about your health care services."

## What to do if you disagree with our eligibility decision.

**You can appeal by asking for a State Fair Hearing.** A hearing officer at the Human Services Board will hear your case. They will decide if Vermont Medicaid made the right decision.

**You have 90 days to ask for a State Fair Hearing.** The 90 days start from the date on the notice of decision that you are appealing.

**There are 3 ways to ask for a State Fair Hearing**:

- By phone - call Customer Support Center at 1-800-250-8427;
- Online - go to AHS.DVHAHealthCareAppealsTeam@vermont.gov on the internet. If you have a VHC online account, you can appeal inside your account;
- In writing – send a letter to:

  Human Services Board
  14-16 Baldwin St., 2nd Floor
  Montpelier, VT 05633-4301

In the letter or email, put your name, date of birth, and phone number. Say what you are appealing and why.

**Did we stop your Medicaid/Dr. Dynasaur, VPharm or Medicare Savings Program?** You can keep your health care coverage the same during your State Fair Hearing. We call this "continuation of benefits." (See the heading below, **Continuation of Benefits- Other Things You Need to Know – (Eligibility and Services**).
You have to ask for this within 11 days of the notice or before the change goes into effect, whichever happens later. The 11 days start from the date Vermont Medicaid sent you its decision. You must keep paying your premium on time during your appeal or your coverage may end. To keep getting your health care benefits during your appeal, it is best to call Customer Services Support Center at 1-800-250-8427.

**Are you appealing your premium?** You must keep paying your premium on time in the amount it was before we sent a letter telling you it changed. If you don't, your coverage may end. We will pay you back the amount you over paid if you win your State Fair Hearing.

**What happens when you ask for a State Fair Hearing?**

Vermont Medicaid will review your case before we send your request for a State Fair Hearing to the Human Services Board. We may take up to 15 days to see if we made a mistake. A member of the Health Care Appeals Team will reach out to you to discuss your appeal. We may be able to fix your problem without you having to go to a State Fair Hearing.

If we can't change our decision, we will send your request to the Human Services Board. You will get a letter from them. The hearing officer who will decide your case will set a meeting to get information to decide if Vermont Medicaid made a mistake. It is important that you participate in this meeting. You can speak for yourself or have someone speak for you.

**How long will it take to get a decision?** The Human Services Board must decide your case within 90 days of the date you first appealed.

**Do you need a faster decision?** 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"), a decision on your appeal will be made as quickly possible if you get Medicaid because you are blind, disabled, or 65 or older. If you get Medicaid for another reason, then you will get a decision within 7 days.

## What to do if you disagree with a decision about your health care services.

**The First Step is to Ask for an Internal Appeal.**
In an internal appeal, someone at Vermont Medicaid who was not involved in the first decision will look at your case and make a new decision. In most cases, you must have an internal appeal before you can ask for a State Fair Hearing.

You have 60 days to ask for an internal appeal. The 60 days starts from the date that Vermont Medicaid mailed the notice of decision to you. Your provider may ask for the appeal if you wish.

**There are 3 ways to ask for an internal appeal:**

- By phone- call the Customer Support Center at 1-800-250-8427 (TDD/TTY) 1-888-834-7898
- Online- send an email to AHS.DVHAHealthCareAppealsTeam@vermont.gov
- By mail- send a letter to:

  Vermont Health Connect and Green Mountain Care
  Customer Support Center
  101 Cherry St., Suite 320
  Burlington, VT 05401

  In the letter or email, put your name, date of birth, and phone number. Say what you are appealing, including what services you asked for and if you were turned down.

**Did we cut or stop health care services you already get?** You may be able to keep your services during your internal appeal. You must ask for this within 11 days or before they end, whichever happens later. The 11 days start from the date Vermont Medicaid mailed the notice to you. We call this "continuation of benefits." (See the heading below, **Continuation of Benefits- Other Things You Need to Know – (Eligibility and Services).**

To keep getting your services, it is best to call Customer Services Support Center at 1-800-250-8427 to ask for this.

**What happens at an internal appeal?** Vermont Medicaid will set a meeting to get information so that it can take another look at its decision. You should participate in this meeting. You can speak for yourself or have someone speak for you. Your provider can speak or give information to Vermont Medicaid.

**Vermont Medicaid usually must decide your internal appeal within 30 days**. It can take 14 more days longer, but only if you ask for this or the delay will 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 Vermont Medicaid to decide your appeal faster?** Tell us if waiting will seriously hurt your health or life. If Vermont Medicaid decides that you qualify for a faster appeal (called an "expedited appeal"), you will get a decision within 72 hours. Vermont Medicaid may be able to take longer if you ask for this or it might help you. The longest a faster appeal can take is 17 days.

**You have the right to know how we decided your appeal.** You can see the papers, rules, and proof we used. You can see how we decided if what you asked for was medically necessary. You can get free copies of all these papers. To ask for copies, call our Customer Support Center at 1-800-250-8427.

**Need legal advice or other help?** You may be able to get free help from Vermont Legal Aid. Call their Office of Health Care Advocate at 1-800-917-7787. OR go to their website at https://vtlawhelp.org/ on the internet. Fill out the form

**Don't Agree with the Internal Appeal Decision?** You Can Ask for a State Fair Hearing. A hearing officer at the Human Services Board will hear your case. They will decide if Vermont Medicaid made the right decision.

In most cases, you must finish the internal appeal process before you can request a State Fair Hearing (called "exhaustion"). But, if Vermont Medicaid doesn't decide your internal appeal by its deadline, you can ask for a State Fair Hearing without waiting for a decision. If we took longer than:

- 30 days for an internal appeal OR
- 44 days if you or we asked for more time because the delay would help you
- If it is a fast appeal, 72 hours OR
- For a fast appeal, 17 days if you or we asked for more time because the delay would help you

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

**There are 2 ways to ask for a State Fair Hearing:**

- By phone - call the Customer Support Center at 1-800-250-8427 (TDD/TTY) 1-888-834-7898 OR call the Human Services Board at 802-828-2536
- By mail -send a letter to:

  Human Services Board

14-16 Baldwin St., 2nd Floor
Montpelier, VT 05633-4301

In the letter, put your name, date of birth, and phone number. Say what you are appealing, including what services you asked for and if you were turned down.

**Did we cut or stop health care services you already get?** You can keep your services during your State Fair Hearing. BUT you have to ask for this within 11 days of the internal appeal decision. You have to ask again even if you asked Vermont Medicaid to keep your services the same while you waited on your internal appeal. The 11 days start from the date Vermont Medicaid sent you its appeal decision. We call this "continuation of benefits." (See the heading below, **Continuation of Benefits- Other Things You Need to Know – (Eligibility and Services).**

To keep getting your services, it is best to call Customer Services Support Center at 1-800-250-8427.

**What happens when you ask for a State Fair Hearing?** You will get a letter from the Human Services Board. The hearing officer who will hear your case will set a meeting to get information to decide if Vermont Medicaid made a mistake. It is important that you participate. You can speak for yourself or have someone speak for you. Your provider can speak or give information to the hearing officer.

**How long will it take to get a decision on your State Fair Hearing?** The Human Services Board must decide your case within 90 days of the date you first asked for an internal appeal. This does NOT count the days you took to ask for a State Fair Hearing after you got the internal appeal decision from Vermont Medicaid.

**Do you need a faster decision?** 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 business days.

## Continuation of Benefits- Other Things You Need to Know – (Eligibility and Services)

- If you paid for services out of pocket, we may be required to pay you back the amount you paid if the appeal or hearing is decided in your favor.

- If we paid for the continuing benefits and you lose your appeal, 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 internal appeal or a State Fair Hearing.
- The services or health benefits cannot continue if your internal appeal or State Fair Hearing is about a service or health care benefit that has ended or been reduced because of a change in federal or state law.

## Need legal advice or other help with your appeal?

You may be able to get **free** help from Vermont Legal Aid. Call their Office of Health Care Advocate at **1-800-917-7787**. **OR** go to their website at https://vtlawhelp.org/ on the internet. Fill out the form.

## Other kinds of complaints about your health care services – you can file a Grievance

A grievance is a complaint about things that can't be appealed, like the location or convenience of visiting your health care provider, the quality of the health care provided, or being harmed after exercising your rights. You can file a grievance at any time. You can file a grievance by calling the Customer Support Center at 1-800-250-8427

What if you aren't satisfied with how your grievance is handled? 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.

# Need Help?

## Vermont Health Connect & Green Mountain Care Customer Support Center

Vermont Health Connect & Green Mountain Care Customer Support Center 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.

Customer Support Center staff is available from 8:00 a.m. to 5.00 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 Advocate (HCA)

The Office of the Health Care Advocate is available to help you with problems about your health care or your benefits. The Office of the Health Care Advocate can also help you with grievances, appeals, and fair hearings. You can call the HCA 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 contact the Customer Support Center at 1-800-250-8427 or visit www.dvha.vermont.gov for additional information or questions.

# 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 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 Disabilities, Aging and Independent Living (DAIL) at (802) 241-2401 or go to https://asd.vermont.gov/services/adult-day-services.

### 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 Disabilities, Aging https://asd.vermont.gov/services/attendant-services-program and Independent Living (DAIL) at (802)-241-2401 or go to https://asd.vermont.gov/services/attendant-services-program.

### 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 (802) 241-3110 or 1-800-649-2642 or go to https://dcf.vermont.gov/child-development/cis.

## 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

Children's Personal Care Services is a direct care service within Children with Special Health Needs (CSHN) – is a Medicaid service available to individuals under the age of 21 who have a significant, long-term disability or health condition which substantially impacts their age-appropriate development and ability to carry out activities of daily living (ADL). The goal of Children's Personal Care Services (CPCS) is to provide supplemental assistance with personal care for the child. For more information, call 1-(800)-660-4427 or (802)-863-7338 or go to https://www.healthvermont.gov/children-youth-families/children-special-health-needs/personal-care-services.

## 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)-660-4427 or (802)-863-7338 or go to https://www.healthvermont.gov/family/special-health-needs.

## 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 (802) 241-0294 or go to https://asd.vermont.gov/services/choices-for-care-program.

## 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 Department of Disabilities, Aging and Independent Living (DAIL) at (802) 241-0304 or go to https://ddsd.vermont.gov/.

## 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. Call the Vermont Department of Health at 1-(800)-660-4427 or (802)-863-7338 or go to https://www.healthvermont.gov/children-youth-families/children-special-health-needs/care-coordination.

## 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 Department of Disabilities, Aging and Independent Living (DAIL) Developmental Services Division at (802) 241-0304 or go to https://ddsd.vermont.gov/flexible-family-funding.

## High Technology Nursing Care

The High Technology Nursing Care Program is an intensive home nursing program for people who are dependent on technology to survive or have complex medical needs. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement. For more information for people over the age of 21, call the Department of Disabilities, Aging and Independent Living (DAIL) at (802) 241-0294 or go to https://asd.vermont.gov/services/adult-high-technology-services.
The Pediatric High Technology Home Care Program is overseen by the Children with Special Health Needs for individuals under the age of 21. For information, call 1-(800)-660-4427 or (802)-863-7338 or go to https://www.healthvermont.gov/children-youth-families/children-special-health-needs/high-tech-nursing.

## 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 Department of Disabilities, Aging and Independent Living (DAIL) at (802) 241-0294 or go to https://asd.vermont.gov/tags/homemaker.

## 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 (802)-863-7200 or go to www.healthvermont.gov.

## Special Services

CSHN nurses 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. Call the Vermont Department of Health at 1-(800)-464-4343 or (802)-863-7200 or go to www.healthvermont.gov.

## Vermont Early Hearing Detection and Intervention Program

The Vermont Early Hearing Detection and Intervention program (VTEHDI) provides support, training and care management to families and their babies, and to community providers. These partnerships help with timely referrals for diagnostic testing and early intervention services. For more information about any of these programs, please call 1-(800)-537-0076 or (802)-651-1872 or go to https://www.healthvermont.gov/family/health-care/hearing-health.

## 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, call (802) 241-0090 or visit 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 including service utilization and hospitalization history, severity of disability, and functional impairments.

### 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.

## Traumatic Brain Injury Program

This program assists Vermonters age 16 or older 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 to

achieve their optimum independence and help them return to work. For more information, call the Department of Disabilities, Aging and Independent Living (DAIL) at (802) 241-0294 or go to https://asd.vermont.gov/services/tbi-program.

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

WIC is a nutrition program that provides wholesome foods, nutrition education, breastfeeding support to individuals who are pregnant, or just had a baby, and infants and children up to age 5. Anyone in Medicaid is eligible for the WIC program. For more information and to apply for WIC online go to www.healthvermont.gov/family/wic or text VTWIC to 855-11.

**More information about resources in your community can be found at www.vermont211.org.**

## Attention! If you need help in your language, please call 1-800-250-8427

Attention! Si vous avez besoin d'assistance dans votre langue, appelez le 1-800-250-8427

¡Atención! Si necesita ayuda en su idioma, por favor llame al 1-800-250-8427

Pažnja! Ako vam je potrebna pomoć na vašem jeziku, pozovite 1-800-250-8427

Ogow! Haddii aad u baahan tahay in lagugu caawiyo luqaddada, fadlan wac 1-800-250-8427

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Muhimu! Kama wahitaji usaidizi kwa lugha yako, tafadhali piga simu 1-800-250-8427