



Paying for Home Care in Vermont

There are a variety of ways to pay for long-term services and supports. Your options will depend upon your situation. Below is a brief description of Medicaid and Medicare payment options.

Medicaid

- Medicaid is a health insurance program run by both the federal and state governments for people who have limited income and resources and who are age 65 or older, blind or disabled. For more information on Medicaid, contact your state Medicaid office by calling 1-800-250-8427 or visiting: <http://dcf.vermont.gov/esd/>.
- Medicaid covers home and community-based services and hospice.
- There are different ways Medicaid pays for services at home or in the community. Here are just a few examples of the various programs:
 - *Medicaid home health services:* Some of the services that are available to Vermonters include case management, dementia respite, senior food/nutrition programs, health promotion/disease prevention, information/referral/assistance services, legal assistance, National Family Caregiver Support Program (NFCSP), and Senior Community Services Employment Program (SCSEP). For more information click here <http://www.ddas.vermont.gov/ddas-programs/programs-oaa/programs-oaa-default-page> or call (802) 786-5052.
 - *Medicaid Waiver:* Federal law requires Medicaid to pay for long-term care services only when they are delivered in a nursing home, group home or other long-term care facility. However, states can receive a “waiver” of that requirement in order to provide long-term services and supports in the home and community. Under the waiver, states can provide a wide range of services that traditional Medicaid does not cover. Vermont has one home care Medicaid Waiver.
 - **Vermont Choices for Care** - Choices for Care is a Medicaid-funded, long-term care program that pays 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. A second program is for Moderate Needs individuals who need minimal assistance to remain at home.
 - The Choices for Care program is governed by state regulations. These regulations explain what services are available through Choices for Care, who is eligible and what rights you have if your services are denied, reduced or terminated. Those regulations can be found here: <http://dail.vermont.gov/dail-statutes/statutes-ddas-cfc-documents/cfc-regulations>.

Medicare

- Medicare is a federally-funded program providing health insurance for the following:
 - Most people age 65 years and older.
 - People under age 65 years with certain disabilities.
 - People of all ages with end-stage renal failure.
- Medicare pays for very little long-term care at home. It covers only the following:
 - *Home health care* if your care is considered “medically necessary” and you need skilled nursing care (either part-time or from time-to-time) and/or therapies (physical, occupational, speech/language therapy).
 - **Beware** - Medicare will not pay for home health aide services if that is all you need. You must also require skilled nursing care and/or therapies to qualify for coverage.
 - *Hospice care* if you are eligible for Medicare Part A (hospital insurance); your physician certifies you are terminally ill (death is likely within six months or less); you sign a statement choosing hospice care instead of routine Medicare-covered benefits, and you receive care from a Medicare-approved hospice program.
- Medicare Part C, known as Medicare Advantage, is an option to original Medicare in which private insurance companies receive money from Medicare to provide coverage. Medicare Advantage is required to cover everything included in original Medicare Part A and Part B except hospice care.