

SECTION III. Universal Provider Qualifications & Standards

A. Definition

A “provider” of services for the Choices for Care (CFC), Vermont Long-Term Care Medicaid program is defined as any entity that has been authorized by the Vermont Agency of Human Services, Department of Disabilities, Aging and Independent Living (DAIL) to provide, and be reimbursed by the State for CFC services as outlined in this manual.

B. Provider Qualifications

All Choices for Care (CFC) providers must:

1. Be authorized by the Vermont Department of Disabilities, Aging and Independent Living (DAIL) to provide CFC services; and
2. Demonstrate compliance with provider standards, including applicable Federal and State regulations; and
3. Be enrolled with HP Enterprises (HP) as a Vermont Medicaid provider.
4. Maintain an up-to-date Provider Agreement with DAIL, if applicable; and

C. Provider Standards

All Choices for Care (CFC) provider agencies shall:

1. Comply with all applicable provider qualifications and provider standards. (*Refer to specific service section of this manual*)
2. Ensure that all staff with direct participant contact has passed a background check, according to the DAIL Background Check Policy.
3. Provide applicable services according to service principles, definitions, standards, approved activities, and limitations.
4. Provide services in a cost-effective and efficient manner, preventing duplication of services, unnecessary costs, and unnecessary administrative tasks.
5. Implement structured internal complaint and appeals procedures.
6. Fully inform individuals of their rights and responsibilities in working with the agency, including both internal and formal waiver complaint and appeal procedures.
7. Encourage and assist the participant to direct as much of her/his own care as possible.

8. Implement policies and procedures that will be used to supervise and/or monitor services.
9. Follow Vermont statute 33 V.S.A. § 6903 regarding mandated reporting of abuse, neglect, and exploitation.
10. Maintain all financial records in accordance with Generally Accepted Accounting Principles (GAAP) for period of seven (7) years.
11. Maintain all records pertaining to delivery and documentation of CFC services for a minimum of three (3) years.
12. Demonstrate to DAIL that they have sufficient expertise and capacity to meet the needs of the target population, including effective working relationships with other local or regional providers and agencies.
13. Ensure services are provided as defined in the approved CFC Service Plan.
14. Ensure that staff has the skills and/or training required to meet the needs of the participant.
15. Maintain accurate and complete documentation of services provided to the individual.
16. Report any concerns about services or the individual's status and condition to the individual's case manager, if the individual is in the home-based or ERC setting.
17. Ensure that the volume of services and rate charged to the State are based on services actually provided to the participant, within the limits specified in the approved Service Plan. (*See Enrollment & Billing Procedures*)
18. Avoid conflicts of interest between the interests of the individual and the interests of the provider and its staff.
19. Assist the State in ensuring that services are provided in compliance with the standards, policies and procedures established by the State. This includes participating in structured DAIL quality assurance/improvement activities developed by the State.
20. Abide by principles of confidentiality, including HIPAA Regulations and all other applicable confidentiality policies and laws.
21. Comply with all applicable laws and regulations regarding employment, including the provision of workers compensation insurance and unemployment insurance to employees.