

Adult Family Care Authorized Agency - New Provider Enrollment Application

All Adult Family Care (AFC) Authorized Agency providers must receive prior approval from the Department of Disabilities, Aging and Independent Living (DAIL) **before** enrollment as a Vermont Medicaid provider. Carefully review the referenced materials, then complete this application and mail, fax or email to:

DAIL- Adult Services Division

Attention: New AFC/AA Provider Enrollment
280 State Drive, HC2 South
Waterbury, VT 05671-2070

FAX: (802) 241-0385 or Email: AHS.DAILASDProviderEnrollment@vermont.gov

Provider Name: _____

Address: _____

Name of Contact for this application: _____

Phone number: _____ email: _____

Prospective Service Area: _____

Attach the following information:

- A description of the unmet need for AFC services in the region of Vermont that your service plans to fill.
- Documents verifying the minimum standards will be met as an AFC Authorized Agency provider. (Refer to standards referenced in the section below.)
- Two letters of reference from consumers that currently use or will use your services if approved.
- Two letters of reference from Vermont stakeholders that currently use or will refer to your services if approved. For example, the regional Area Agency on Aging, Hospital or Home Health Agency.

By signing this application, you certify that you have read, understand and will comply with:

1. The Universal Provider Standards found in the Choices for Care High/Highest Program Manual online: <http://asd.vermont.gov/resources/program-manuals>
2. The AFC service section of the Choices for Care High/Highest Program Manual. (link above)
3. The AFC Medicaid rates for revenue code 086 found in the rate table online. <http://asd.vermont.gov/resources/rates>
4. The Medicaid provider enrollment instructions found on the Vermont Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollInstructions>
5. The Medicaid general provider agreement found on the VT Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollDataMaint>
6. The Vermont Department of Vermont Health Access Program Integrity information regarding Medicaid fraud, waste and abuse. <http://dvha.vermont.gov/for-providers/program-integrity>
7. The Vermont Adult Protective Services mandated reporting laws. <http://dlp.vermont.gov/aps/mandatory-reporting>

By signing, you also understand that submission of this application does not guarantee approved enrollment as a Vermont Medicaid provider and that you will be notified in writing of the decision within 30 days of receipt of this application.

If approved, you will be instructed to submit a [Vermont Medicaid Provider Enrollment](#) application to DXC with a copy of the DAIL approval notification. Call (802) 241-0294 with questions about this application. Call (802) 879-4450 with questions about the Medicaid Provider Enrollment process.

Signed: _____

Date: _____