

### **SECTION III.      **Universal Provider Qualifications & Standards****

#### **A. Definition**

A “provider” of services for the “Choices for Care”, 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 to provide, and be reimbursed by the State for CFC services as outlined in this manual.

#### **B. Provider Qualifications**

All 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. Maintain an up-to-date Provider Agreement with DAIL, if applicable; and
4. Be enrolled with Electronic Data Systems (EDS) as a Vermont Medicaid provider.

#### **C. Provider Standards**

All provider agencies shall:

1. Comply with all applicable provider qualifications and provider standards.
2. Provide applicable services according to service principles, definitions, standards, approved activities, and limitations.
3. Provide services in a cost-effective and efficient manner, preventing duplication of services, unnecessary costs, and unnecessary administrative tasks.
4. Provide a volume of services at a rate that ensures individuals will maintain services throughout the course of the service authorization period.
5. Budget Moderate needs funding to ensure all Moderate Needs participants are served through the Moderate Needs funding period.
6. Ensure that all staff with direct participant contact have passed a background check as described in the DAIL Background Check Policy.
7. Implement structured internal complaint and appeals procedures.

8. Fully inform individuals of their rights and responsibilities in working with the agency, including both internal and formal waiver complaint and appeal procedures.
9. Encourage and assist the participant to direct as much of her/his own care as possible.
10. Implement policies and procedures that will be used to supervise and/or monitor services.
11. Follow Vermont statute 33 V.S.A. § 6903 regarding mandated reporting of abuse, neglect, and exploitation.
12. Maintain all financial records in accordance with Generally Accepted Accounting Principles (GAAP) seven (7) years.
13. Maintain all records pertaining to delivery and documentation of Medicaid Waiver services for a minimum of three (3) years.
14. Demonstrate to the 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.
15. Ensure services are provided as defined in the operation protocol manual.
16. Ensure that staff have the skills and/or training required to meet the needs of the participant.
17. Maintain accurate and complete documentation of services provided to the individual.
18. Report any concerns about services or the individual's status and condition to the individual's Choices for Care case manager.
19. Ensure that the volume of services and rate charged to the State are based on services actually provided to the participant, within the service limits.
20. Avoid conflicts of interest between the interests of the individual and the interests of the provider and its staff.
21. 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 evaluation activities developed by the State.
22. Abide by principles of confidentiality and all applicable confidentiality policies and laws.

23. Comply with all applicable laws and regulations regarding employment, including the provision of workers compensation insurance and unemployment insurance to employees.