

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

### **A. Definition**

A “provider” of services for the Choices for Care (CFC) 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. Be enrolled with Hewlett Packard Enterprises (HPE) as a Vermont Medicaid provider with a current Department of Vermont Health Access, General Enrollment Agreement.
3. Demonstrate compliance with Universal Provider Standards.

### **C. Provider Standards**

Universal provider standards apply to all Choices for Care providers. Service-specific standards are found under the application section of this manual. Wherever possible, a link to reference sites have been provided.

All Choices for Care (CFC) providers shall:

1. Comply with the Department of Vermont Health Access (DVHA), General Provider Enrollment agreement.  
[http://www.vtmedicaid.com/Enrollment/forms/General\\_Provider\\_Agreement\\_5182015.pdf](http://www.vtmedicaid.com/Enrollment/forms/General_Provider_Agreement_5182015.pdf)
2. Provide services in a cost-effective and efficient manner, preventing fraud, waste and abuse. <http://dvha.vermont.gov/for-providers/program-integrity>
3. Comply with all service-specific regulations, standards and procedures.
4. Ensure that all staff with direct participant contact has passed a background check, according to the DAIL Background Check Policy.
5. Ensure that all staff with direct participant contact refrain from smoking in the presence of participants at all times.
6. Maintain and comply with internal complaint procedures.

7. Maintain a robust conflict of interest policy and procedures for identifying and mitigating conflicts that may arise between the interests of the participant and that of the provider or their staff.
8. Comply with service-specific Home and Community-Based Services (HCBS) rules regarding person-centered planning and setting requirements. (42 CFR Subpart G, 441.3 (c), (1) - (4) [http://cfr.regstoday.com/42cfr441.aspx#42\\_CFR\\_441p301](http://cfr.regstoday.com/42cfr441.aspx#42_CFR_441p301))
9. Follow Vermont statute 33 V.S.A. Chapter 69 regarding mandated reporting of abuse, neglect, and exploitation. <http://legislature.vermont.gov/statutes/chapter/33/069>
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 that staff has the skills and/or training required to meet the needs of the participant.
14. Ensure the volume of services are provided and billed within the limits of the approved CFC Service Plan.
15. Ensure the participant is directing their services to the fullest extent they are able.
16. Maintain a copy of legal representation documents (e.g. Power of Attorney, Guardian) that authorize a person to provide direction or decisions on behalf of the participant.
17. Fully inform participants and their legal representative of their rights and responsibilities in working with the agency.
18. Inform participants and their legal representatives of the provider complaint process.
19. Notify participants and their legal representatives in writing when the provider initiates the discontinuation or reduction of services, including appeal rights.
20. Assist the participant and legal representatives in understanding their program appeal rights when the State initiates the discontinuation or reduction of services, including appeal rights.

21. Ensure that all participants and their legal representatives are informed about the Vermont Long-Term Care Ombudsman office and are offered access to those services when needed or requested.
22. Maintain accurate and complete documentation of services provided to the participant.
23. Abide by principles of confidentiality, including HIPAA Regulations and all other applicable confidentiality policies and laws.
24. Comply with all laws regarding employment, including minimum wage, the provision of workers' compensation insurance and unemployment insurance to employees.  
<http://labor.vermont.gov/>.
25. Notify the State immediately in the event the provider is at risk of closure or termination of program enrollment.
26. Maintain a written process for monitoring the delivery of services to ensure:
  - a. ongoing compliance with Universal Provider Qualifications and Standards,
  - b. ongoing compliance with service specific standards,
  - c. quality of services provided, and
  - d. areas for improvement are identified and acted upon.
27. Fully participate in all State and federal compliance, licensure/certification and quality management activities.