

Out of State Nursing Facility - New Choices for Care Provider Enrollment Application

All new Choices for Care 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 fax or email to:

DAIL- Adult Services Division

Attention: New Out of State Nursing Facility Provider Enrollment

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

Name of Facility: _____

Physical Address: _____

Name of Contact for this application: _____

Phone number: _____ email: _____

Administrator: _____ License #: _____

Director of Nursing: _____ License# _____

Medical Director: _____ License# _____

Check all that apply:

Is the facility applying to become:

- Vermont Nursing Home Border Facility
- Vermont Out of State Specialty Care Facility

Attach the following information:

- Data/Narrative that supports an unmet need in Vermont.
- A detailed description of the services you wish to provide to VT residents, including whether it is for short-term rehab or long-term care. This should also include a description of specialized care offered and the specific model used to provide that specialized care.
- Your Medicaid rate for services you wish to offer to VT residents.
- Two letters of support from Vermont stakeholders including the unmet need they believe your facility can address for Vermonters. One letter must be from the Vermont Area Agency on Aging in the region closest to the facility.
- Two letters of recommendation from stakeholders familiar with your services.
- A copy of your certifications/license for operation.
- The most recent survey results.
- An assurance that Long-Term Care Ombudsman services would be made readily available to Vermont residents who request them.
- An assurance that transportation would be available for Vermonters to continue working with their preferred Vermont provider network, at no extra cost.

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 Nursing Facility section of the Choices for Care High/Highest Program Manual. (link above)
3. The Medicaid provider enrollment instructions found on the Vermont Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollInstructions>
4. The Medicaid general provider agreement found on the VT Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollDataMaint>

5. The Vermont Department of Vermont Health Access Program Integrity information regarding Medicaid fraud, waste and abuse. <http://dvha.vermont.gov/for-providers/program-integrity>
6. The Vermont Adult Protective Services mandated reporting laws. <http://dhp.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 60 days of receipt of this application. A site visit by DAIL staff may be required as part of the review process.

If approved, you will be instructed to submit a [Vermont Medicaid Provider Enrollment](#) application 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: _____