DIRECT SERVICE PURCHASE (DSP)
OPERATING AND SERVICE STANDARDS MANUAL

Revised
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Area Agency on Aging 1-B
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AAA 1-B Mission:
The Area Agency on Aging 1-B enhances the lives of older adults and adults with disabilities in the communities we serve.

Services purchased through the DSP vendor pool are funded with support from the Michigan Department of Health and Human Services & the Michigan Aging and Adult Services Agency.

DIRECT SERVICE PURCHASE MANUAL

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Area Agency on Aging 1-B
Advocacy • Action • Answers on Aging

A. INTRODUCTION TO COMMUNITY SUPPORT SERVICES

This section contains the following information:

I. Introduction

II. Community Living Program (CLP)

III. Community Care Management

IV. MI Health Link

V. MI Choice Medicaid Waiver

VI. Priority Screen

I. INTRODUCTION

The Area Agency on Aging 1-B (AAA 1-B) is a private, non-profit agency which is the designated regional planning, coordinating, funding, and advocating entity for long term care and other home and community based-supportive services for older adults and individuals with disabilities residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. The AAA 1-B is funded through the federal Older Americans Act, the state Older Michiganian Act, and Medicaid funding from the Department of Department of Health and Human Services funding.

The AAA 1-B Community Support Services (CSS) programs offer a continuum of care that includes non-Medicaid funded programs funded through the Michigan Aging and Adult Service Agency (AASA) including the Community Living Programs (CLP), the Rapid Response Respite (RRR) program, and Community Care Management (CCM), as well as the Michigan Department of Community Health Medicaid funded Home and Community Based Medicaid Waiver Program for the Elderly and Disabled (MI Choice).

II. COMMUNITY LIVING PROGRAM (CLP)

CLP is designed to be a Medicaid prevention and nursing home diversion program. The AAA 1-B Community Living Program (CLP) targets individuals age 60 or older who are at risk of nursing home placement because their health and/or functional status may deteriorate without the assistance of one or more of the basic home care services.

CLP empowers participants to remain in control of their life and finances, meet their personal goals, make their own decisions, and manage and direct their care. Supports Coordinators provide consultation via telephone and through community partners, to assess need, develop strategies, arrange, purchase and monitor services such as homemaking, personal care or respite from a pool of approved vendors. CLP helps participants access funded services and utilize their personal resources effectively to meet their LTC needs (see CLP brochure).

Services available for bid in CLP are:

- Adult Day
- Community Living Program

**Includes personal care, homemaking, and in-home respite*

- Personal Emergency Response
- Other Goods and Services
- In-Home Respite

III. COMMUNITY CARE MANAGEMENT (CCM) PROGRAM

CCM is a program designed to manage a variety of home care and other services needed by frail elderly persons who are medically appropriate for nursing home admission. Staff works with participants through a person-centered approach by assessing their need for services, then arranging, coordinating, and monitoring community resources to help participants continue living independently. CCM may serve

those adults age 60 or older who do not meet the financial guidelines of the MI Choice program, but require a nursing facility level of care.

Services available for bid in the CCM program are:

- Adult Day Care
- Community Living Program*
- Home Delivered Meals
- Medication Management
- Personal Emergency Response
- Transportation
- Unmet needs
- Other Goods & Services

**Includes personal care, homemaking, and in-home respite*

IV. MI HEALTH LINK

The MI Health Link program serves Michigan adults aged 21 and over who are eligible for full benefits through Medicare and Medicaid, and live in Macomb County. MI Health Link is funded by Medicare and Medicaid, and works through a capitated, blended payment to Integrated Care Organizations to coordinate quality care. This program offers a broad range of services including home and community-based services through the Area Agency vendor network.

Services available for bid in the MI Health Link program are:

- Adaptive Medical Equipment
- Adult Day Health Services
- Assistive Technology
- Chore Services
- Community Transition Services
- Environmental Modifications
- Expanded Community Living Supports
- Fiscal Intermediary
- Home Delivered Meals
- Non-Medical Transportation
- Personal Emergency Response
- Preventative Nursing Services
- Private Duty Nursing
- Respite (in-home)
- Respite (out-of-home

V. MI CHOICE MEDICAID WAIVER

The MI Choice program is a Medicaid program funded through the state of Michigan and the federal Centers for Medicare and Medicaid Services (CMS) to the Michigan Department of Health and Human Services (MDHHS) and built on the foundation of Care Management. As of October of 2013, the program is now considered a Prepaid-Ambulatory Health Plan (PAHP). MI Choice funds home and community based services for persons who are over the age of 18, medically/functionally appropriate for nursing home admission and their needs cannot be addressed through another community program such as Adult Home Help, financially eligible as determined by MDHHS and require a MI Choice LTC service on an ongoing basis.

Services available for bid in the MI Choice program are:

- Adult Day
- Chore

- Community Living Supports
- Community Transition
- Counseling
- Environmental Accessibility Adaptions
- Fiscal Intermediary
- Goods and Services
- Personal Emergency Response
- In-Home Respite
- Nursing Services
- Out-of-Home Respite
- Specialized Medical Equipment
- Training
- Home Delivered Meals
- Non-Medical Transportation

- Private Duty Nursing

**Includes homemaking, personal care and some respite provided in the participant's home, including in an assisted living setting*

VI. PRIORITY SCREEN

A. A wait list is kept when CSS programs are at capacity and not able to screen and assess all referrals within regular program guidelines. MI Choice priorities have been set by MDHHS as:

Priority 1: Persons no longer eligible for Children's Special Health Care Services (CSHCS) because of age. This includes persons who continue to need Private Duty Nursing care at the time coverage ended under CSHCS.

Priority 2: Nursing Facility Transition participants.

Priority 3: Current Adult Protective Services clients or persons that pass the Imminent Risk Screen with a score of 8 or higher.

Priority 4: Chronological order by date services were requested.

B. The AAA 1-B wait list priorities for non-Medicaid CSS programs are:

Priority 1: Person is referred by APS, regardless of financial situation.

Priority 2: Person is terminally ill OR a recent (within two weeks) hospital discharge OR lives alone with no caregiver; inadequate or discontinuing home care service; income at or below $2,163/month, assets at or below $2,000.

Priority 3: Person lives with caregiver who needs minimal relief; income at or below $2,163 a month, assets at or below $2,000.

Priority 4: Person lives alone or with caregiver providing inadequate informal support; inadequate or discontinuing home care service; income at or below $2,163/month, assets at or below $20,000.

Priority 5: Person lives alone or with caregiver providing inadequate informal support; or discontinuing home care service; income at or below $2,500/month, assets at or below $20,000.

Priority 6: Person lives alone or with caregiver providing inadequate informal support; inadequate or discontinuing home care service; income over $2,500/month OR assets over $20,000.

**Dollar amounts identified are current as of the published date of this manual. Amounts are subject to change.*

B. GENERAL STANDARDS FOR VENDORS

This section contains the following information:

I. General Operating Standards

II. Home-Based Service Vendor Standards

III. Community-Based Service Vendor Standards

IV. Self Determination Standards

V. Insurance Guidelines

I. GENERAL OPERATING STANDARDS

All agencies must comply with the Service Definitions and Standards for each program being delivered. The most recent version of these standards can be found on the Area Agency website at www.aaa1b.com.

1. Use of Area Agency on Aging 1-B Logo

All requests to use the Area Agency on Aging 1-B (AAA 1-B) Vendor Partner Logo must obtain written permission from the Director of Communications or AAA 1-B staff representative:
Step 1. Send an email request to the Chief Strategy Officer using the email subject line "Vendor Logo Request" to request an electronic copy of the logo. The logo will be electronically sent within two business days.
Step 2. Send a color pdf of all print materials with the placement of the AAA 1-B Vendor Partner Logo to the Chief Strategy Officer using the email subject line "Vendor Logo Request" If the request is for use, or includes the use of the logo, on a website or other social media such as Facebook, include a link to the website page(s).
Step 3. The Chief Strategy Officer or approved agency staff person will review the request and ensure the use of the Vendor Partner Logo is in compliance with the logo standards policy. Requests will be responded to by email within 5 business days.

2. Eligible Organizations

Private, private non-profit, or for-profit organizations that comply with all general program requirements established by the AAA 1-B; the Michigan Department of Health and Human Services (MDHHS) and the Michigan Office of Services to the Aging (AASA) for service programs covering the counties of Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw. All organizations are required to comply with all State and Federal Employment Laws. (Verification of corporate status is required prior to approval of a new vendor being accepted into the vendor pool.)

3. Requirements for Service Delivery

A. Bid Agreement

i. Vendors may only deliver purchased services through a formal bid agreement with AAA 1-B. An executed bid agreement includes assurance of adherence to all applicable components required by MDHHS and AASA.

ii. All vendors must provide a **written 30 days' notice** of intent to terminate the bid for participation in the AAA 1-B DSP vendor pool.

iii. Termination procedures that impact transfer of participants will be conducted by the AAA 1-B.

iv. Area Agency on Aging 1-B may only enter into a bid agreement arrangement for services authorized by the MI Choice Waiver or AASA programs.

B. Service Authorizations

i. Vendors shall provide service only as authorized on the Service Authorization Form and Plan of Care Service Order provided by the Community Support Services (CSS) staff via Harmony, or on the job description for Agency with Choice.

ii. All vendors recognize that the AAA 1-B is responsible for determining participant eligibility and services needed, collecting program income, and initiating case termination procedures.

iii. State and/or federal funds awarded by MDHHS and AASA may only pay for those services that MDHHS and AASA have approved and for which they have defined minimum standards. The AAA 1-B and all its vendors must adhere to the definition and minimum standards to be eligible to receive reimbursement for allowable expenses.

4. General Program/Service Compliance

A. Communication

i. Any change of legal status, name, address, insurance carrier, federal ID, and/or key staff contacts must be communicated to the AAA 1-B. This information is vital to ensure appropriate communication with all vendors, as communication is frequently sent via email.

ii. Any change in staff with access to Harmony should be communicated to the AAA 1-B Harmony support at harmony@aaa1b.com.

iii. Vendors shall provide the Community Support Services (CSS) staff with regular written or verbal feedback regarding referred participants. **This includes notification of a change in participant status within 1 business day.** Examples include (but are not limited to) participant injury, hospital admission, or death. Note that Harmony should not be utilized as a form of email communication. Other instances where communication to CSS is required:

- When stopped services have RESUMED, such as when a participant returns home from the hospital. Vendor agency

must notify AAA 1-B supports coordinator within 3 calendar days.

- When an emergency prevents distribution of services or makes communication to the vendor agency impossible
- When an APS referral is made, or when there are other a-risk situations in the home
- When a participant cannot be reached to initiate services

B. Insurance Coverage

i. The vendor and any of its employees who provide or perform services must be covered by the vendor agency's insurance coverage.

A vendor agency cannot assign, transfer, share, or subcontract any of its duties or any of the services that it will render under the bid agreement to any third party or to any independent contractor without prior written approval of the AAA 1-B.

C. Payment/ Fees

i. Vendors must comply with timelines for submission of claims. All claims not submitted within 30 days of the service date will incur a 3% penalty. Claims submitted 90 days or more past the service date will **not be paid** for any programs. Please see Billing- Section for details on how and when to submit claims.

ii. Veterans Directed Home & Community Based Services Program (VD-HCBS): Claims must be submitted by the 10th of the month for services provided the previous month. Claims submitted after the 10th of the month may not be paid due to Veterans Administration claims remittance guidelines.

iii. Vendors shall not, under any circumstance, be reimbursed for service not rendered to MI Choice waiver participants (per state guidelines).

iv. Vendors must comply with the AAA 1-B Participant No-Show Policy to receive reimbursement. (Excludes MI Choice Waiver)

v. Vendors may not charge participants a fee or request a donation to receive AAA 1-B purchased services.

D. Service Delivery

i. Vendors are expected to initiate service within 24-48 hours of

accepting the service authorization. Vendors who have attempted to contact participant three times in the 24-48 hour window and are unable to reach participant to initiate service delivery should notify participant's supports coordinator.

ii. Vendors must not discriminate hours of operation for ICO enrollees, or AAA 1-B participants. Hours of operation for said participants may not be less than those for commercially insured or public fee for service insured individuals. When medically necessary it is requested that services be available 24 hours a day, 7 days a week.

E. Services Not Delivered

i. Participant No Show Policy

a. The Participant No-Show Policy applies ONLY to the Community Care Management (CCM) and the Community Living Program (CLP). *(MI Choice waiver participants are excluded.)* This policy applies only to the following services:

- Chore
- Home Delivered Meals
- Private Duty Nursing
- Community Living Program Services (CLPS)

b. Vendors may be reimbursed as established in the AAA 1-B Show-Up policy. Vendors may bill participants directly and collect a one-hour (or one unit for home delivered meals) show-up fee for services that were:

- Authorized by the AAA 1-B Supports Coordinator
- Not delivered because a participant was not home at the mutually agreed upon time the authorized service was to be delivered.

*(*AAA 1-B participants who are not home due to an emergency, or have provided the vendor with a 24-hour advance notice of cancellation, cannot be billed by the vendor.)*

c. Emergency situations may include serious health problems, which result in unexpected hospitalization of the participant or caregiver; telephone or utility outages which make contacting the home care agency impossible; or severe weather or other emergencies which require the participant to be evacuated form the home.

d. CCM and CLP participants may receive a show up fee bill directly from the authorized home care agency if they are not home at the time services is to be delivered. Participants are expected to pay

the show up fee directly to the vendor agency.

e. Vendors must have a written corporate policy instructing workers to diligently attempt to deliver the authorized service. This policy will include at a minimum:

- Ringing the doorbell
- Knocking very loudly several times
- Attempting to reach the participant by telephone

This is in addition to other vendor policies that may give further instructions on what a worker should do if a participant is not home (i.e., call the emergency contact and call the AAA 1-B Supports Coordinator).

The vendor must use the current bid rate as the basis for billing the one-hour show up fee.

f. The **vendor shall notify the AAA 1-B Supports Coordinator** if the agency is billing the participant for a show up fee. This communication must include either a copy of the billing, a fax notification, or other written documentation that the participant is being billed a show up fee.

ii. Missed Visits

a. MDHHS requires tracking of reasons for services not delivered as a measure of quality of services for participants. Harmony is the mechanism for reporting missed visits.

b. Vendors providing the following services are required to track and submit missed visits in Harmony:

- Adult Day Health Services
- Chore
- Community Living Program Services (CLPS)
- In-Home Respite
- Home Delivered Meals
- Private Duty Nursing
- Community Living Supports (CLS)
- Specialized Transportation

c. A missed visit can be driven by a vendor or a participant. Not all missed visits are the responsibility of the vendor. Reasons for vendor missed visits may include worker no show, worker sick, scheduling problems, worker not available, weather or holiday related reasons. Reasons for participant missed visits may include participant not available, participant cancelled, participant sick,

participant hospitalized, participant admitted to nursing facility, participant hours decreased or participant refused worker.

5. Person Centered Planning Process

A. The AAA 1-B and all vendors shall utilize a person-centered approach for delivery of care. Knowledge of person-centered principles shall be evident throughout the delivery of services for AAA 1-B and vendors. For the AAA 1-B, this includes assessing the needs and desires of participants, developing service/support plans, and continuously updating and revising those plans, as the participant's needs change. The vendor will provide the AAA 1-B with feedback regarding changes in the participant's tolerance, status, needs, and/or desires for service.

B. The AAA 1-B and vendors shall implement person-centeredness in accordance with MDHHS Person-Centered Planning Guidelines. These guidelines can be found at www.Michigan.gov/MDHHS.

C. While relatively infrequent, there may be circumstances in which an AAA 1-B client desires to exercise his/her right to self-determination. Consistent with the principle of a person-centered approach, vendors are precluded from imposing legal restraints, including but not limited to financial penalties and/or threats of legal action, on the freedom of service or care providers to contract directly with or be employed directly by a client of AAA 1-B or another agency that provides services for an AAA 1-B client. Accordingly, vendors commit to waive enforcement of any non-competition covenant or similar contract requirement that would be inconsistent with this core principle.

6. Contributions

A. No paid or volunteer staff person of a vendor may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.

B. Each vendor must accept the AAA 1-B payments for services as payment in full for such services.

7. Confidentiality

A. Each vendor must have written procedures in place to protect the confidentiality of information about participants or persons seeking services collected in the conduct of its responsibilities. The procedures must ensure that no information about a participant or person seeking services, or obtained from a participant or person seeking services by a service provider, is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal representative.

B. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local agencies (which are also bound to protect the confidentiality of the participant information) so long as access is in conformity with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). (See Section D. Quality Assurance Activities for more details.)

C. The AAA 1-B and all vendors shall maintain all participant information in controlled access files. This requirement applies to all protected information whether written, electronic, or oral for a minimum of ten years.

D. Email communication on Personal Health Information (PHI), including participant name, address, phone number or any other identifying information is a violation of HIPAA. Vendor staff should use the Harmony case # when communicating with AAA 1-B staff via email to protect the participant.

8. Referral and Coordination Procedures

A. Reporting Abuse, Neglect and Exploitation

i. Federal and state law directs waiver programs, both the AAA 1-B and its vendors, to monitor the health and welfare of all participants. Additionally, state statutes must be observed. P.A. 519 of 1982 (as amended) mandates all human service providers and health care professionals to make referrals to the Michigan Department of Health and Human Services (MDHHS) Adult Protective Services (APS) unit when an adult is suspected of being or believed to be abused, neglected, and/or exploited.

Note: The AAA 1-B requires vendors providing services to participants to make the necessary referrals to APS (855-444-3911) and inform the CSS staff when one has occurred.

ii. The Vulnerable Adult Act (P.A. 149 of 1994) creates a criminal charge of adult abuse for vulnerable adults harmed by a caregiver

iii. Other risk situations that should be reported include a structurally damaged or unsanitary environment, noncompliance with medical care, etc.

B. Identification of “At Risk” Participants

i. In addition to abuse, neglect, and exploitation, some participants may be considered to be in at risk situations that are created by the absence of scheduled services placing the participant in a vulnerable state by compromising his/her health and welfare.

ii. A backup plan for participants who are unable to go without care must be developed in conjunction with vendors, participants, and the AAA 1-B Supports Coordinator and will be maintained and followed by the vendor.

The purpose of the "At Risk" priorities is to ensure prioritization of services to the highest need participants in the event of a worker shortage such as an epidemic illness, snow emergency, etc. In the event that an agency has several workers out on the same day, the risk status indicates which participants are to be prioritized for service delivery. Risk status is assigned based on the individual's service needs and the availability of informal supports to assist if formal services are not delivered. "At Risk" priorities are as follows:

1A - This means the participant cannot be left alone. If services are not delivered as planned, the backup plan needs to start immediately.

1B - This means the participant cannot be left alone. If services are not delivered as planned, family or friends need to be contacted immediately.

1C - This means the participant cannot be left alone. Staff at the participant's place of residence must be available as planned or follow established emergency procedures. (AFC/HFA)

2A - This means the participant can be left alone for a short time. If services are not delivered as planned, the backup plan needs to start within 12 hours.

2B - This means the participant can be left alone for a short time. If services are not delivered as planned, family or friends need to be contacted within 12 hours.

2C - This means the participant can be left alone for a short time. Staff at the participant's place of residence must check on the participant periodically each day. Follow established emergency procedures if no staff is present in the home. (Unlicensed Assisted Living)

3A - This means the participant can be left alone for a day or two. If services are not delivered as planned, the backup plan needs to start within a couple of days.

3B - This means the participant can be left alone for a day or two. If services are not delivered as planned, family or friends need to be contacted within a couple of days.

The participant's risk status can be found in the service plan.

C. <u>Emergencies (Weather, Nature, Other)</u>

i. The AAA 1-B and vendors, where feasible and appropriate, must

prepare to make arrangements for the availability of services to program participants in weather-related and other emergencies.

ii. Vendors are required to have a contingency plan/procedure for emergencies that pose a serious threat to participant health and welfare (i.e., inclement weather, unavailable personal caregivers, etc.).

Minimally, the written procedures shall include:

- Contacting participants to notify them of cancellation or rescheduling of services.
- Area Agency on Aging 1-B vendors shall communicate all emergency situations that prevent the scheduled distribution of services on established customer service days to the AAA1-B Resource Center (800-852-7795)
- Verifying the participant's health and safety status in the event that service cannot be delivered.
- Assist in activating the participant's emergency plan (developed with the AAA 1-B Supports Coordinator). Report to the AAA 1-B Supports Coordinator if that plan is activated.
- NOTE: The emergency (or back-up plan) is in Harmony on the Plan of Care in Harmony. Providers should have a paper copy available in case of an emergency situation in which computers or online access to Harmony is unavailable. Participants also are provided a copy of their emergency plan by AAA 1-B
- Calling 911, or the local police, if it is determined that the participant is in jeopardy.
- Instructing workers to report any change in a participant's condition or any environmental or other emergency to their supervisor promptly.
- Instructing supervisors (or workers) to contact the AAA 1-B Supports Coordinator via telephone to report any change in a participant's condition or any environmental or other emergency or crisis to the Supports Coordinator (or other CSS staff) as soon as possible. This includes falls, hospitalizations, nursing home admissions, etc.
- Instructing and training workers on how to document and report accidents/incidents that may occur in the home during service delivery to the supervisor and AAA 1-B Supports Coordinator.
- Participant file must contain: 1) description of incident; 2) date and time of condition under which the incident occurred; and 3) action taken.

Note: In the event of an emergency when a worker must remain with the participant for a period of time longer than authorized, approval for the additional hours must be requested from the appropriate Supports

Coordinator as soon as possible and/or no longer than two working days after the occurrence.

D. Coordination and Referral Within the Provider Network

The AAA 1-B requires all vendor agencies to have general knowledge of other community-based and in-home service agencies and encourages vendors to refer participants to those agencies as needed and appropriate. Vendors are always encouraged to refer participants back to their AAA 1-B Supports Coordinator or the AAA 1-B Resource Center at 1-800-852-7795. Vendors must be knowledgeable and follow the CSS eligibility and screening criteria when referring older adults and disabled individuals that may be eligible for AAA 1-B service programs.

9. Volunteers

A. Each vendor utilizing volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers. Volunteers shall receive a written position description, orientation, training, and a yearly performance evaluation, if appropriate.

B. Background checks must be conducted upon “hire” and conducted regularly on volunteers having direct contact with participants or with participant information.

10. Staffing

A. Each vendor shall employ competent personnel sufficient to provide services pursuant to the service standard bid agreement. Each vendor shall demonstrate an organizational structure including established lines of authority. Each vendor shall identify a contact person with whom the AAA 1-B staff can discuss work orders and service delivery schedules or problems.

B. Employment of relatives or friends based on participant preference must be discussed with the AAA 1-B Supports Coordinator prior to establishing employment. See guidelines for Agency With Choice and Umbrella Agency in Section E.

C. Staff Identification

Every vendor staff person, paid or volunteer, who enters a participant’s home must display proper identification. Proper identification may consist of either an agency picture card or a Michigan driver’s license and some other form of agency identification.

11. Orientation & Training Participation

A. Providers shall ensure that each employee has the support and training needed to competently and confidently deliver services to participants prior to working with each participant.

B. Vendors shall maintain records detailing dates of training and topics covered in employee personnel files. The vendor shall develop an individualized training plan for each employee when performance evaluations indicate a need.

C. New staff **must** receive an orientation training that includes, at minimum:

i. Introduction to the AAA 1-B programs (both MI Choice waiver and state-funded programs) and the Aging Network (Note: AAA 1-B has a training guide available for use by vendor staff.)

ii. Service delivery techniques i.e. transferring, Hoyer lifts, etc.

iii. Observation of new staff performing service activities

iv. Identifying and reporting abuse, neglect and exploitation

v. Maintenance of records and files (as appropriate)

vi. The aging process, which may include, but not be limited to:
- Cultural diversity
- Dementia
- Cognitive impairment
- Mental Illness
- Working with disabled individuals

vii. Ethics and Code of Conduct, specifically:
- Acceptable work ethics
- Honoring the participants dignity
- Respect of the participant and their property
- Prevention of theft of the participants belongings

viii. Emergency procedures and protocols

ix. Universal Precautions

x. Advanced Directive and Do Not Resuscitate orders (DNR)-including compliance with agency policy on Advanced Directives and DNRs.

xi. MI Health Link vendors must additionally be trained on the following topics related to disability literacy:
- Chronic conditions that are prevalent in the population
- Awareness of personal prejudice

- Legal obligations to comply with ADA
- Access (communication, medical equipment, programs and physical access)
- Types of common barriers
- Person-centered planning
- Evidence-based practices
- Mental health diagnoses, crisis prevention if applicable

12. Compliant Resolution

A. Each vendor must have written complaint resolution procedures for use by program participants.

B. Each vendor shall have written procedures established to ensure participants are able to express their opinions and/or complaints regarding services rendered by a vendor agency, without fear of retaliation or humiliation.

C. Vendors shall notify the CSS staff immediately if a complaint against the vendor is filed by an AAA 1-B participant.

D. See Section F: Quality Assurance Activities, for more detailed information on the AAA 1-B Critical Complaint and Incident Report (CCIR) process.

13. References & Criminal History Checks

A. Vendors must require and thoroughly check references of paid staff that will be entering participant homes. In addition, each vendor must conduct a criminal history screening through the Michigan State Police for each paid and/or volunteer staff person who will be entering participant homes. The Vendor shall conduct the reference and background checks before authorizing the employee to furnish services in a participant's home.

B. Vendors must submit their written policy for conducting, documenting, and verifying references as part of the application. The AAA 1-B recommends that at least two references be obtained for each new staff person.

C. Vendors are required to conduct a criminal background review intermittently throughout each paid staffs employment, recommended annually.

D. Vendors must also submit their written policy for conducting criminal background checks for all staff, paid or volunteer, which enter participant homes or perform personal care services.

E. <u>Suspension/Debarment Review</u>

Vendors serving in any program or service shall not be suspended or debarred from receiving federal funds.

Vendors who provide service in the MI Health Link program MUST verify MI Health Link employees are not individually suspended or debarred from receiving federal funds. This includes all administrative staff that have access to client records and/or claims data, and direct service staff. This information is available through the Office of Inspector General (OIG) database; the System for Award Management (SAM) database; and the Michigan Department of Health and Human Services (MDHHS) database. Employees must be checked at hire and monthly thereafter.

F. Community Health Automated Medicaid Processing System (CHAMPS)

The CHAMPS system is a State of Michigan requirement for all service providers beginning Fiscal Year 2017. This online system automatically screens workers monthly for criminal background and Federal/State database checks. All vendor agencies will be required to add their workers to the CHAMPS system before the start of Fiscal Year 2017. This requirement does not replace the initial background screen at hire. Until Fiscal Year 17, vendor agencies should continue their current screening processes including manual checks of the Federal/State databases as required by the MI Health Link program.

14. Equal Employment/ Civil Rights/ Federal Act Compliance

A. Each vendor must comply with equal employment opportunity principles in keeping with Executive Order 1979-4 and Civil Rights compliance in state and federal contracts. Additionally, vendor agencies shall comply with the Family and Medical Leave Act of 1992. All organizations are required to comply with all State and Federal Employment Laws.

B. Each vendor must clearly post signs in their offices in English and other languages as appropriate, indicating non-discrimination in hiring, employment practices, and provision of services.

C. Vendors must be in compliance with Elliott-Larsen Civil Rights Act and include “sexual orientation” and “gender identity”.

i. “Each vendor must not discriminate against any employee or applicant for employment, or against any program applicant or participant, pursuant to the Federal Civil Rights Act of 1964, the Elliot-Larsen Civil Rights Act (P.A. 453 of 1976) and Section 504 of the Federal Rehabilitation Acts of 1973. Each DSP vendor must complete a DHS form assuring compliance with the Civil Rights Act of 1964. Programs may not discriminate against any employee, applicant for employment, or recipient of service because of race, color, religion,

national origin, age, **sexual orientation**, sex, **gender identity**, height, weight or marital status."

D. Each vendor must operate in compliance with the Americans with Disabilities Act (PL 101-336).

E. Each vendor receiving $100,000 or more through their bid agreement must comply with the Federal Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq).

15. Standard Precautions

A. Each vendor must evaluate the occupational exposure of employees to blood or other potentially infectious materials that may result from the employee's performance of duties.

B. It is the responsibility of the vendor to ensure that each employee has the appropriate protective equipment and supplies to provide service.

C. Each vendor must establish appropriate standard precautions based upon the potential exposure to blood or infectious materials. Each vendor with employees who may experience occupational exposure must also develop an exposure control plan which complies with the federal regulations implementing the Occupational Safety and Health Act.

16. Drug Free Workplace

A. MDHHS and AASA prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances in all waiver agent and direct service provider workplaces.

17. Record Retention

A. Each vendor must keep all records related to or generated from the provision of services to program participants for a minimum of ten years.

B. Vendors must maintain an accessible record-keeping system that verifies information reported and be available for review by authorized representatives. (See Section F. Quality Assurance Activities for more details.)

18. Worker Safety

A. Each vendor should have a policy that addresses worker safety. This policy should cover vendor expectations of workers to ensure their own safety while in the community and/or in the private home of participants, including how to address any illegal or dangerous activities witnessed, presence of guns or weapons in the home, use of medical marijuana, etc. At a minimum, the

safety policy should cover agency procedures for communication during an emergency, dealing with inclement weather and how to handle threats to personal safety while in the participant's home.

Note: Every AAA 1-B participant receives a Participant Handbook, which states that the participants are to "Provide a safe and non-threatening environment for those arranging for and providing services." AAA 1-B staff is instructed to leave the premises if they feel threatened and/or witness illegal activity such as theft, use or dealing of illicit drugs, prostitution, abuse, etc. Participants are expected to keep weapons out of sight and preferably locked up while workers are in the home. All illegal or threatening activities or environments should be reported to the AAA 1-B Supports Coordinator immediately.

19. Risk Management

A. The AAA 1-B requires all approved vendors to submit their organization's risk management plan. The scope of the risk management plan should include, at a minimum, the following components:

i. A minimum of three risk areas: Business/IT; Natural/Environmental Threats; and Stakeholder Threats

ii. A documented person who is responsible for implementing the Provider Risk Management Policy and Procedure.

iii. Training in both clinical risk management and health and safety for key staff such as direct care staff, supervisors, managers, and Board members (as appropriate) as well as a system of communication among staff regarding the organization's Risk Management Policy and Procedure.

iv. A system will be in place for the reporting, investigation, and remediation of participant grievances, quality of care concerns and sentinel events.

v. Written description of rights of the individual participant that is shared across the organization.

20. Fraud & Abuse Reporting

A. MDHHS has responsibility and authority to make all fraud and/or abuse referrals to the Office of Inspector General. Waiver agents and service providers who have any suspicion or knowledge of fraud and/or abuse within any of the Department's programs must report directly to the Department by calling 1-855-MI-FRAUD (643-7283) or sending a memo or letter to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

B. When reporting suspected fraud and/or abuse, the following information should be provided:

   i. Nature of the complaint
   ii. The name of the individuals and/or entity involved in the suspected fraud, and/or abuse, including their address, phone number and Medicaid identification number, and any other identifying information.

C. The provider shall not attempt to investigate or resolve the reported suspicion knowledge or action without informing the DCH and must cooperate fully in any investigation by the DCH or Office of Attorney General and any subsequent legal action that may result from such investigation.

II. HOME BASED PROVIDER STANDARDS

Home-based services include Chore Services, Medication Management, Personal Emergency Response Systems, Private Duty Nursing, Nursing Services, Counseling, Home Delivered Meals, Training, Community Transition Services, Community Living Program Services, and Community Living Supports.

1. Service Plans

A. All vendors of home-based services must utilize the AAA 1-B CSS assessments of individual AAA 1-B participants conducted and provided to them by AAA 1-B staff via Harmony. This also applies to the reassessments of participants to avoid duplication.

B. All vendors must access participant Service Plans (found in the “Plans” tab in Harmony). The vendor is responsible for orienting each participant’s worker(s) on the needs/tasks according to the service plan.

2. In Home Supervision

A. Vendors must conduct in-home supervision of their staff at least twice per each fiscal year. A registered nurse is required to conduct the supervisory visits. If necessary, a supervisor/manager with at least 5 years of experience in long term care or in-home services may provide supervision to workers who are not providing personal care services. Additional in-home supervisory visits should be conducted as necessary.

B. The AAA1-B requires a copy of the supervisor’s qualifications

C. Documentation of the supervisory visits must include:

i. Date of supervision
ii. Place of supervision
iii. Participant name
iv. Name of worker
v. Skills/tasks observed and level of competence
vi. Signature of supervisor

3. Vendor Records

A. Record Retention

Vendors of home based services must keep all participant records (written, electronic, and other) confidential in controlled access files for not less than 10 years.

B. Participant Records

Each vendor MUST maintain comprehensive and complete participant records.

i. Participant/Worker Log Sheet (The six items listed below must be documented as services are provided).

- Date of service
- Time-In/Time-Out/Total Hours
- Service log of tasks performed
- Participant's signature
- Worker's signature
- Worker observation

ii. Vendors must have procedures in place for obtaining participant signatures on the time sheets (or similar document) of direct care workers to verify that the direct service worker provided the work ordered by the AAA 1-B.

iii. There may be some participants who are so frail and/or physically or cognitively impaired that securing a signature is not possible. In this case, the AAA 1-B will accept:

- Signature of the family or proxy

- The worker's signature documenting service rendered, (as indicated in the Plan of Care Service Order by the AAA 1-B Supports Coordinator). The participant file must also indicate the reason for lack of participant signature.

- Signatures of the non-participant should be the exception and not the rule.

C. The AAA 1-B requires that the items listed above be contained in one document referred to as the Participant/Worker Log Sheet. The AAA 1-B requires written policies and procedures for completing the Participant/Worker Log Sheet for new vendor applicants and existing vendors. All vendors must submit a copy of both the Participant/Worker Log Sheet and the written policies. **The Participant/Worker Log Sheet is the official documentation required to substantiate service delivery. Billing should reflect services rendered based on the log sheet. Billing based solely on the authorizations is fraudulent and may lead to disciplinary action including and up to termination of the bid agreement.**

D. Worker observations of the participant are:

   i. Changes in the participant's condition (condition of skin, change in appetite or appearance, etc.)
   ii. The amount of assistance needed
   iii. How well service is tolerated
   iv. Any concerns or changes observed

E. Vendor records must contain a listing of all dates of service for each participant and the number of units provided during each visit. Absence of a worker service record at a review for any date of service for which the vendor makes a claim is equivalent as having no record that the service was rendered.

F. The Participant/Worker Log Sheet is a daily account of services furnished and must be written by the worker who provides the service. Workers must maintain a record of services furnished by date of service, description of service provided on each date, and range of time services provided.

G. Worker time sheets without tasks performed do not meet these criteria and should not be used as worker service records.

H. <u>Electronic Documentation</u>

   i. The AAA 1-B will allow the electronic documentation of service delivery system to be used in place of the written client/worker log sheet, provided the system is capable of documenting the following:

      - Date
      - Time in/out
      - Total Hours serviced
      - Tasks Performed
      - Narrative Notes

   iv. Prior to instituting an electronic system, the vendor must secure AAA 1-B approval from a DSP Manager. The vendor must notify each

participant that service delivery is being tracked electronically. Further, a DSP Manager must review and approve the notification to the participant informing them that service delivery will be tracked using the electronic system. The participant notification must include a brief description of how the system will work and instructions to the participant to contact the AAA 1-B at any time if they have questions or concerns about the documentation system. This notification must be signed by the AAA 1-B participant and a copy shall be provided to them.

v. It is understood that movement to electronic documentation of service delivery shall replace client and worker signature as verification of service. (Only with electronic system implementation, and not in any other method.)

vi. The vendor must make electronic case records available to the AAA 1-B for the purpose of conducting assessments and other authorized review

I. Harmony Usage

Vendors are required to log in and use the Harmony Information System **daily** for authorizations and communications from AAA 1-B staff. Progress Notes in Harmony become part of the Participant Record and should only document notes related to the care and status of the participant. Progress Notes should not be used as a mode to communicate with Supports Coordinators, but a mode to document participant care. Participant records should not include the term Complaint/Critical Incident Report.

4. In-Service Training

A. Staff of vendors performing home-based services must receive in-service training **at least twice per fiscal year**. Each vendor must design the training so that it increases staff knowledge and understanding of the program and its participants and improves staff skills at tasks performed in the provision of service.
B. In service trainings should cover, at a minimum:

i. Safety
ii. Sanitation
iii. Body mechanics
iv. Household management
v. Emergency procedures
vi. Universal precautions
vii. Advanced Directives and Do Not Resuscitate (DNR)Orders
viii. Identifying and reporting abuse, neglect and exploitation
ix. Additional training required

Note: See Service Standards on aaa1b.com for service specific training requirements.

C. Vendors must maintain comprehensive records that identify dates of training, attendance and topics covered.

D. The training log must be maintained in vendor records and/or each employee's personnel file. The vendor shall develop an individualized in-service training plan for each employee when performance evaluations indicate a need.

E. MDHHS strongly recommends workers delivering CLS services (in-home services) complete a certified nursing assistant course, first aid and CPR training.

5. Worker Conditions/Protocols/Qualifications

A. Each vendor will assure the AAA 1-B that employees or volunteers who enter and work within participant homes abide by the following additional conditions and qualifications:

i. Vendor workers must comply with documentation and communication requirements including keeping complete and accurate time sheets, and informing vendor agency of participant changes that need to be communicated to AAA 1-B.

ii. Vendor workers are prohibited from smoking in participant's homes.

iii. Vendor workers must be able to adequately and appropriately communicate, both orally and in writing, with their employers and the AAA 1-B participants they serve. Vendor workers must be able to properly follow product instructions in carrying out direct service responsibilities (i.e., read grocery lists, identify items on grocery lists, and properly use cleaning and cooking products).

iv. Vendor workers must not threaten or coerce participants in any way. Failure to meet this standard is grounds for immediate discharge.

v. Vendor workers will be promptly informed of new service standards or any changes to current services standards.

vi. Vendor workers are prohibited from using cell phones while in the home, except in emergency situations. Reports by participants of excessive cell phone usage may result in disciplinary action and/or documented in the CCIR process.

6. Skilled Services & Medication Administration

A. Examples of skilled care include, but are not limited to:

i. Changing catheter bags,
ii. Operation of a Hoyer lift,
iii. Oxygen administration
iv. Blood sugar or blood pressure checks
v. Medication assistance, including assisting with the self-administration of medications such as eye drops or pain patches
vi. Dressing changes or wound care – depending on the level or severity of the wound

B. Generally, any direct care worker providing skilled care services may only do so if:

i. The staff person has been trained by an RN or other licensed medical professional (i.e. PT or OT) to provide the specific type of care

ii. The provider agency has documentation of this training

iii. The RN or other licensed medical professional has signed off on the worker's ability to perform the task, and continues to supervise the worker

iv. The provider agency ensures that the direct care worker has a method for communicating any inconsistencies or changes in the skilled care services to their supervisor. This communication should occur within one business day

NOTE: More severe care needs will be authorized as appropriate under Private Duty Nursing or Nursing Services. The direct care worker should not be setting up or administering insulin.

vii. Care requirements will be identified on the plan of care service order in Harmony.

viii. The vendor agency is responsible for determining the ability of a worker to provide the specific care. Medication administration must be conducted in compliance with the Michigan Administrative Rule 330.7158, which states:

- A provider shall only administer medication at the order of a physician and in compliance with the provisions of section 719 of the act, if applicable

- A provider shall assure that medication conforms to federal standards and the standards of the medical community

- o A provider shall not use medication as punishment, for the convenience of the staff, or as substitute for other appropriate treatment.
- o If an individual cannot administer his or her own medication, a provider shall ensure that medication is administered by or under the supervision of personnel who are qualified and trained.
- o A provider shall record the administration of all medication in the recipient's record
- o A provider shall ensure that medication errors and adverse drug reactions are immediately and properly reported to a physician and recorded in the recipient's record.

2. Participant Rights

A. All participants are notified of their rights through the MI Choice Participant Handbook provided by AAA 1-B. Providers may receive a copy of this handbook upon request. Participants have the rights to comment about service provision, appeal the denial, reduction, suspension or termination of services, and file complaints with AAA 1-B, the MI Dept. of Civil Rights and/or the Office of Civil Rights.

3. Michigan Home Care Guide

A. As of October 2013, all AAA 1-B vendor homecare agencies are required to participate in the michiganhomecareguide.com website. This is a consumer driven website that allows consumers to review and rate home care agencies in southeast Michigan. All homecare agency applicants will be provided with more detailed information regarding participation in this website and will be asked to sign an agreement upon execution of their DSP service bid.

II. COMMUNITY BASED PROVIDER STANDARDS

A. Community-based services include Environmental Accessibility Adaptations, Respite Care provided out of the home, Specialized Medical Equipment and Supplies, Transportation, and Adult Day Health Services.

i. Each vendor of community-based services must maintain participant records that contain, at a minimum:

- o Copy of the request for services
- o Pertinent medical, social, and/or functional participant information as necessary to the proper delivery of the requested service

- Description of the provided service, including the number of units and cost per unit, as applicable
- Date(s) of service provision
- Total cost of each service provided

ii. Each vendor of community-based services must notify each participant, in writing, at the time service is initiated of his or her right to comment about service provision or appeal the termination of services. Such notice must advise the participant that they may file complaints of discrimination with the respective waiver agent, DHS, Office of Civil Rights, Michigan Department of Civil Rights, or the licensing agency of the provider of service.

IV. SELF DETERMINED PROVIDER STANDARDS

A. Participants choosing the self-determination option may directly manage service providers for the following home and community-based MI Choice waiver services; Chore, Community Living Supports, Fiscal Intermediary, Environmental Accessibility Adaptations, Goods and Services Non-Medical Transportation, Private Duty Nursing, Respite Care provided inside the participant's home, and Respite Care provided in the home of another.

B. Supervision of Direct-Care Workers – The MI Choice participant, or designated representative, acts as the employer and provides direct supervision of the chosen home and community-based services direct care workers for designated self-determined services in the participant's plan of care. The participant, or designated representative, directly recruits, hires, and manages employees.

C. Use of Fiscal Intermediary – MI Choice participants choosing the Self-Determination option must use an approved fiscal intermediary agency. The fiscal intermediary agency will help the individual manage and distribute funds contained in the participant's budget. The participant uses the funds in the budget to purchase waiver goods, supports, and services authorized in the participant's plan of care. Refer to the Fiscal Intermediary service standard for more information about this MI Choice service.

D. Reference and Criminal History Screening Checks – Each MI Choice participant, or fiscal intermediary chosen by the participant, must conduct reference checks and a criminal history screening review through the Michigan State Police for each paid staff person who will be entering the participant's home. The MI Choice participant or fiscal intermediary shall conduct the screening before authorizing the employee to furnish services in the participant's home.

E. Provider Qualifications – Providers of self-determined services must minimally:

i. Be at least 18 years of age,

ii. Be able to communicate effectively both orally and in writing and follow instructions, and

iii. Be trained in universal precautions and blood-borne pathogens. The AAA 1-B must maintain a copy of the employee's training record in the participant's case file

Providers of self-determined services cannot be the participant's spouse, legal guardian, or designated representative.

F. See Section E: 3-year Bid Agreement Guidelines for additional information regarding the Self-Determination program models.

V. INSURANCE GUIDELINES

A. All applicants must adhere to the following AAA 1-B insurance requirements to be eligible for enrollment:

1. Vendors shall indemnify, save and hold harmless the AAA 1-B and the Office of Services to the Aging (OSA) against any and all expense and liabilities, of any kind, which the AAA 1-B or OSA may sustain, incur or be required to pay arising out of the implementation of the contract or agreement.

2. Vendors are required to maintain insurance in amounts necessary to cover claims specific to the services provided in addition to required insurance listed below.

3. Insurance policies must be issued by companies licensed to do business in Michigan, or approved to do business in Michigan, and such companies must be well rated and acceptable to the AAA 1-B.

4. The AAA 1-B must be a certificate holder on all policies. On general liability insurance policies the AAA 1-B must also be included as an additional insured.

5. Certificate holder information must be issued to:

Attention: Finance Department
Area Agency on Aging 1-B
29100 Northwestern Highway, Suite 400
Southfield, MI 48034

6. The insurance agent must provide ten (10) day written notice of changes or cancellation in insurance coverage.

7. Certificates of insurance must contain the following cancellation notice language:
Should any of the policies described herein be cancelled before the expiration date thereof the insurer affording coverage will mail ten (10) days written notice to the certificate holder named herein.

8. Insurance certificates must be received from the insurance company, not the vendor/contractor. Your agent may send, via the U.S. Postal Service, an original certificate of insurance to: AAA 1-B, 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034; or fax a certificate of insurance to (248) 948-0096.

   Note: Insurance Binders will NOT be accepted as proof of insurance.

B. The following insurance is required for all AAA 1-B Contract Service Providers and Direct Service Purchase (DSP) Vendors:

1. Workers' Compensation

2. Unemployment

3. General Liability with AAA 1-B named as additional insured a minimum combined single limit of $1,000,000 each occurrence for bodily injury and property damage and the policy shall include personal injury and products/completed operations coverage.

4. Fidelity Bonding covering employee theft from employer.

5. Third Party Fidelity (Crime Bond) minimum of $50,000; covering employee theft from participant.

C. The following insurance is required for all AAA 1-B contract service providers where applicable:

1. Product Liability for meals, personal emergency response, etc.

2. Professional Liability a minimum $1,000,000 each occurrence for counselors, nurses, financial advisors, etc.

3. Property and Theft for equipment purchased with federal and/or state funds.

4. Automobile Liability Coverage for owned, hired and non-owned, including residual liability insurance with a minimum combined single limit of $1,000,000 for each accident for bodily injury and property damage. (Required for providing any transportation related service and CLS/CLPS)

Area Agency on Aging 1-B
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C. SERVICE AUTHORIZATION AND BILLING

This section contains the following information:

I. General Information

II. Overview of Funding Sources/Reimbursement Structure

III. Authorization

IV. Billing Adjustments

I. GENERAL INFORMATION

Payment to vendors for services is dependent on the submission of proper billing data through the Harmony Information System

DSP vendors bill the AAA 1-B on a regular basis for current activity. To receive prompt payment, billings processed in Harmony by Thursday evening of each week and paid on Friday.

Billing should be entered into Harmony in a prompt manner. All billing for the previous month should be completed by the 10th of the next month. Any claims greater than 30 days from date of service will receive a 3% penalty. Any claims greater than 90 days from the date of service will **not be paid.**

Veterans Directed Home & Community Based Services Program (VD-HCBS): Claims must be submitted by the 10th of the month for services provided the previous month. Claims submitted after the 10th of the month may not be paid due to Veterans Administration claims remittance guidelines.

II. OVERVIEW OF FUNDING SOURCES/REIMBURSEMENT STRUCTURE

The AAA 1-B uses Older Americans Act funds, State of Michigan funds, Medicaid funds, and private contributions to purchase services for Community Care Management (CCM), Community Living Program (CLP) and MI Choice participants from agencies, MI Health Link and businesses ("vendors") participating in the vendor pool.

Vendors are reimbursed by the AAA 1-B on a unit rate system. Each vendor must submit a Bid Agreement form that indicates the unit rate of reimbursement for each service. The Bid Agreement must be approved and signed by the AAA 1-B.

Only vendors approved for the vendor pool shall be reimbursed.

Reimbursement to vendors is made at the vendor's approved reimbursement bid rate for the number of units authorized by the CSS staff.

A vendor will not be reimbursed by the AAA 1-B for service delivered to a participant without an Authorization.

Billing should reflect actual services rendered and is verifiable through documentation (i.e. employee timesheet). Billing based solely on the authorization is fraudulent and may lead to disciplinary action including and up to termination of the bid agreement.

III. AUTHORIZATION

To be reimbursed, a vendor must receive authorization from the AAA 1-B through Harmony. Written authorization is required to start a new service, change service, add or delete service, and stop service if you are not a vendor with access to Harmony.

a. Understanding the Authorization Form in Harmony

1. **Start Date** – The date the service is to start.
2. **Stop Date** – The date the service is to stop. If the service is to be ongoing, the date will be the end of the fiscal year.
3. **ISO Code** – Indicates the funding source.
4. **Service/Code** – The service name and service code will appear in the box.
5. **Services Description** – One service will be listed on each authorization.
6. **Unit Type** – Describes the type of unit.
7. **Number of Units** – Number of units authorized per unit of measure.
8. **Per Unit of Measure** – Unit time period.
9. **Number of Periods** – Number of periods within the date range.
10. **Max Units** – Maximum number of units billable.
11. **Unit Cost** – This is the reimbursement rate. It is the same as the unit rate on the Bid Agreement.
12. **Max Amount** – Total dollar amount available toward billing services.
13. **Worker** – Person who created the authorization.
14. **Date Approved** – Date authorization was approved.
15. **Day of Week** – Used to indicate client's preference at the time the authorization was created.
16. **Comment** – Additional information from the Supports Coordinator.
17. **Terminates** – If this box is checked you cannot bill again this authorization.
18. **Comments** – Indicates pertinent information for the vendor in order to clarify the expected delivery of services. The note will be clear, concise, and

ONLY contain information to clarify service delivery needs. If you are unclear about the notes, please contact the AAA 1-B Supports Coordinator immediately. Note: Comments in this field become permanent parts of the client's personal record.

i. For example, a Supports Coordinator authorizes respite service two days per week, 20 units per visit; however, the caregiver is also the parent of school age children and needs a great deal of flexibility in the delivery of this service. The Supports Coordinator might enter a note stating:

"Respite services may be delivered according to the schedule as worked out with the caregiver/daughter. Units may not exceed 180 units per month."

IV. BILLING ADJUSTMENTS

A vendor wishing to contest any changes or denials made to a bill should follow these steps:

1. Contact the AAA 1-B finance department to clarify issues and obtain instructions on resubmitting the bill(s). If verbal agreement cannot be reached, speak with the Chief Financial Officer.

2. When an agreement is reached, if necessary, resubmit billing in Harmony.

D. QUALITY ASSURANCE ACTIVITIES

This section contains the following information:

I. Quality Assurance Activities

II. Probation, Suspension, and Removal from Vendor Pool

III. Critical Complaint & Incident Report (CCIR)

I. GENERAL QUALITY ASSURANCE ACTIVITIES

A. As a CARF accredited agency, AAA 1-B is committed to quality assurance and improvement. The AAA 1-B quality assurance activities involve specific policies and procedures established to promote and achieve prescribed standards of performance. The AAA 1-B is dedicated to ensuring all participants receive unsurpassed quality care and service, and monitors day-to-day activities as well as the specific policies and procedures vendors have established to address the concerns of participants. The AAA 1-B is particularly interested in quality monitoring requirements identified by the Michigan Department of Health and Human Services (MDHHS), including:

1. "No Shows" for all participants, with emphasis on those participants who are bed bound and/or require critical care
2. Abuse, neglect, and exploitation
3. Theft
4. Variances between planned and actual service delivery
5. Timeliness of service delivery
6. Gaps in service delivery

B. The AAA 1-B encourages and promotes ongoing communication between vendors and the AAA 1-B. The AAA 1-B uses the following quality assurance tools to facilitate communication.

1. **Satisfaction Surveys**

The AAA 1-B regularly conducts participant satisfaction surveys of AAA 1-B participants and/or caregivers. Participants/caregivers respond to a series of questions related to service quality, worker/aide interaction with the participant, and experience with the vendor agency. Vendors will be provided an aggregate report.

The AAA 1-B also conducts a stakeholder survey, where vendors/contractors respond to a series of questions regarding their interactions with AAA 1-B including satisfaction, consistency of service, efficiency of process, and several other areas within the agency.

2. **Programmatic and Fiscal Vendor Assessments**

a. The AAA 1-B conducts programmatic and fiscal assessments to a select number of vendors on an annual basis.
b. The assessment includes a review of compliance with program and service standards, verification and documentation of service delivery and billing.

c. Serious findings identified at an assessment will result in the development and submission of a corrective action plan by the vendor, which must be approved by the AAA 1-B.

d. Failure to adhere to deadlines or to submit required information will result in probation, suspension, or removal from the DSP vendor pool.

e. Vendors will permit the AAA 1-B and/or funding source access to any books, documents, papers, or other records which are pertinent in order to make audit examinations, excerpts, or transcripts so long as such access is in conformity with the Privacy Act of 1974. Access will also be granted at any reasonable time to the AAA 1-B and/or funding source to observe vendor operations.

3. **Pre-Enrollment Policies and Procedures Review**

The AAA 1-B measures compliance with program Service Standards before a vendor is accepted into the DSP vendor pool and monitors compliance throughout a vendor's participation in the vendor pool by utilizing the Policies and Procedures Review Checklist.

4. **Harmony Payment Verification**

Claims submitted through Harmony are used as a tool to track variances between planned and actual service delivery.

To maintain high quality of service and ensure compliance with service standards, probation, suspension, and termination are independent actions that may be taken by the AAA 1-B and are not a part of a successive disciplinary progression.

II. PROBATION, SUSPENSION, AND REMOVAL FROM VENDOR POOL

Area Agency on Aging 1-B staff may identify a need to place a vendor on probation, suspension or to terminate a vendor. Probation, suspension, or removal/termination from the AAA 1-B DSP vendor pool may occur when:

A. There is a suspicion or evidence of problems with the internal operation of the organization.

B. There is a non-compliance with AAA 1-B insurance standards. Certificates of insurance are not received within the required timelines. Non-compliance with insurance requirements may result in immediate termination without corrective action due to liability.

C. A company is acquired by another organization and/or when the company has changed the name under which they do business and the name change results in issuance of a new federal ID number.

D. Serious quality assurance issue(s) are identified and corrective action is not taken or acceptable.

E. Serious quality assurance issues are identified on a programmatic or fiscal assessment.

F. Service standard citations/citation warnings identified on programmatic or fiscal assessment are not addressed according to specified time frames.

G. Non-compliance with the Business Associate Agreement.

H. Either party (vendor or Area Agency on Aging 1-B) have the right to terminate the bid agreement without cause with 30 days' written notice.

Agencies will be notified in writing in all cases of probation, suspension, or termination from the DSP vendor pool.

PROBATION

A written warning related to a service delivery issue(s) will be sent by a DSP Manager. A corrective action plan will be requested and must be submitted to a DSP Manager within specified time parameters. The plan must be reviewed and approved by a DSP Manager and Manager - Compliance and Regulatory Performance. Service to current AAA 1-B participants will continue. New referrals may be suspended until corrective action is achieved and approved.

SUSPENSION

A written notification of suspension will be sent by a DSP Manager to a DSP vendor when there is identification of a quality, service, insurance, or other issue that requires corrective action. A corrective action plan must be submitted within specified time parameters to a DSP Manager. Current participants may be transitioned to other vendors, at the determination of a DSP Manager with authorization from the Manager – Compliance and Regulatory Performance and/or the CFO. New referrals are suspended until correction is achieved and approved. AAA1-B payments may also be temporarily withheld until the corrective action plan of the vendor has been approved and accepted by a DSP Manager with authorization from the Manager – Compliance and Regulatory Performance, and/or the CFO.

TERMINATION

Termination may occur if corrective action is not taken or acceptable to a DSP Manager, Manager – Compliance and Regulatory Performance and/or Chief Financial Officer. A DSP manager will send a signed letter of termination from the AAA 1-B CEO if the agency is no longer eligible to participate in the AAA 1-B vendor pool. Participants are transitioned to another vendor agency. A complete cessation of payments will occur.

Either party (vendor or Area Agency on Aging 1-B) have the right to terminate the bid agreement without cause with 30 days' notice. There is no appeal process for vendor termination from the pool.

III. Critical Complaint & Incident Report (CCIR)

1. The AAA 1-B has established a standard process for collecting, reporting and following-up on all reported complaints and incidents, in accordance with the requirements of the Michigan Department of Community Health (MDCH). The purpose of this process is to ensure that all complaints and incidents are all properly reported, investigated and resolved.

2. The following includes the types or categories of complaints and incidents handled in the reporting process:
   a. Abuse
   b. Neglect (including missed visits)
   c. Exploitation
   d. Falls
   e. Failure to notify (i.e. worker does not show up for shift, participant admitted to hospital and AAA 1-B not notified)
   f. Theft
   g. Code of Conduct (i.e. worker using cell phone)
   h. Suspicious or Unexpected Death
   i. Medication Errors
   j. Restrictive Interventions
   k. Suicide Attempts
   l. Staff Under the Influence
   m. Aggression or violence
   n. Illegal activity in the home
   o. Provider No Shows
   p. Use or unauthorized possession of weapons
   q. Vehicular Accidents
   r. Bio-hazardous Accidents
   s. Unauthorized use and possession of legal or illegal substances
   t. Other (i.e. HIPAA violation, billing, fraud, elopement, etc)

3. AAA 1-B is required to report specific incidents to the Michigan Department of Health and Human Services, including immediate reporting of any suspicious or unexpected

death. AAA 1-B is also a mandatory reporter to Adult Protective Services for any incidents that may involve neglect, abuse or exploitation.

4. The CCIR process can be initiated by the participant, their family member, caregiver, AAA 1-B staff person and/or the vendor. The process should include initial reporting to the AAA 1-B care manager or other staff person that is the primary point person for the participant.

5. All parties involved are included in the investigation and process, to the extent possible. Initial investigation is typically conducted by the AAA 1-B Care Manager or other Community Support Services staff person, with follow up shared by the Community and Business Advancement Department and agency quality assurance.

6. Vendors receive written notification of <u>all</u> CCIRs for documentation and quality assurance purposes. However, a written response is not necessary in all cases. Vendors are instructed by the written notification if additional follow up or documentation is required.

All CCIRs are handled on a case by case basis. The AAA 1-B Quality Assurance team reviews trends regularly in the type or frequency of complaints for all vendors. Excessive CCIRs or failure to respond to a written response request or corrective action plan request may result in further disciplinary action for the vendor, including probation, suspension or termination.

E. 3-YEAR BID AGREEMENT GUIDELINES

This section contains the following information:

I. General Guidelines & Application Process
II. Licensed & Unlicensed Assisted Living Providers
III. Minimum Hours & Service Boundaries
IV. Travel Premium
V. Vendor Assessments
VI. Exception Criteria
VII. Self-Determination Models

I. General Guidelines & Application Process

1. 3-Year Bid Agreement Guidelines applies only to the following services:

    - Community Living Program Services (CLPS)
    - Community Living Supports (CLS)
    - In-Home Respite
    - Medication Management (including Medication Dispensers)
    - Nursing Services
    - Personal Care
    - Personal Emergency Response Systems (PERS)
    - Private Duty Nursing (PDN)

2. Agencies that wish to provide the above named services must complete an application for a 3–Year Bid Agreement. Only applicants selected by the AAA 1-B to provide these services will have an active bid agreement. Applicants will be selected and notified in the Fiscal Year prior to the beginning of the 3-year bid agreement. Applications to provide the above services will only be accepted during the application window, unless the AAA 1-B determines the need to open the application pool for a specific service.

3. Agencies providing one or more of above services are required to apply to the vendor pool via one or more service groups. Service groups are organized by two or more like services, often provided in conjunction. The AAA 1- B service groups are as follows:

    - Service Group #1: CLPS, CLS, and In-Home Respite
    - Service Group #2: Medication Management & PDN
    - Service Group #3: Medication Management & PERS

    Note: Agencies in service group #3 must adhere to the PERS, Medication Management and the Specialized Medical Equipment and Supplies service standard/definition.

4. The three-year bid agreement pool will be effective October 1 of the first fiscal year and end the last day of September in the third fiscal year. All vendors will be required to re-apply for each three year cycle, and are not guaranteed ongoing acceptance in the vendor pool.

5. Approved vendors with a three-year bid agreement are required to follow all of the AAA 1-B DSP Operating & Service Standards in addition to the guidelines outlined in this section.

6. Agencies that are selected to participate in the vendor pool via a 3-Year Bid Agreement may have their application disqualified, or have their bid agreements suspended or terminated if found: 1. To have falsified information on the application, 2. To be unable to provide services as described on application, 3. To be unable to comply with the AAA 1-B DSP Operating & Service Standards, 4.To be unable to

comply with AAA 1-B insurance standards, 5. The company is acquired by another organization and/or the company has changed the name under which they do business, and/or 6. Serious quality assurance issues are identified.

II. Licensed and Unlicensed Assisted Living Providers

1. Participants placed in an unlicensed assisted living setting may receive services from a homecare provider contracted to provide services through the facility. Homecare providers contracted by an unlicensed assisted living facility to provide services to AAA 1-B participants within said facility do not require approval via the three year bid agreement application. This exception applies only to buildings with which AAA 1-B has an unlicensed assisted living agreement with, and not all unlicensed assisted living settings.

2. Although exempt from the 3-Year Bid Agreement Application process, homecare providers contracted to provide services in an unlicensed assisted living setting must have submitted all bid documentation and comply with all AAA 1-B DSP Operating & Service standards to be an approved vendor in the AAA 1-B DSP vendor pool in order to provide funded services to AAA 1-B participants.

3. The homecare provider must apply to the pool via the 3-Year Bid Agreement application process during the open application time frame for if they wish to provide service to AAA 1-B participants living outside the facility.

4. Licensed (HFA & AFC) and Unlicensed Assisted Living buildings do not need to apply to the pool via the 3-Year Bid Agreement Application process, but must have all other appropriate bid agreements and other required documentation in place in order to be considered an approved vendor.

III. Minimum Hours & Service Boundaries

1. A service minimum cannot exceed 1-2 hours for vendors providing CLPS, CLS, In-Home Respite, Nursing Services and Private Duty Nursing. A vendor agency's service minimum cannot exceed 1-2 hours for AAA 1-B participants. NOTE: This is a minimum for providers, not for AAA 1-B service authorizations. See #2.

2. Occasional authorizations are made for 1-2 hours of service. Accepting a 1-2 hour service authorization is not required for every request, but all vendors are expected to take authorizations of varying hours of service in order to meet the needs of all participants in our region.

3. Vendors operating under the 3-Year Bid Agreement are required to serve an entire county or counties within the AAA 1-B service region, unless service is restricted to a specific region within a county due to franchise agreements or other specific legal arrangements. Any requests to serve only a portion of a county must be reviewed and approved by the AAA 1-B.

V. Vendor Assessments

1. All vendors with an effective 3-Year Bid Agreement will be assessed for adherence to the AAA 1-B Vendor Operating and Service Standards. Assessments will occur at least once in the three year period and will be conducted in-person by an AAA 1-B staff person.

2. Vendors found to be out of compliance with the Vendor Operating & Service Standards may be subject to disciplinary action, including termination from the vendor pool, in accordance with the AAA 1-B guidelines on Probation, Suspension, and Removal from the Vendor Pool (see Section D of the DSP manual.)

VI. Exception Criteria

1. During the three year agreement period, the AAA 1-B will purchase services from the vendors selected to participate in the vendor pool. However, some exceptions may apply as a need may arise to bring additional providers into the pool during the three year agreement period. Exceptions are limited to specific situations, including:

   a. One or more vendors have been removed or dropped out of the provider pool during the three year agreement period, and additional providers are needed, as determined by AAA 1-B, to ensure consistency of service and choice of providers for participants.

   b. The need for services has outgrown the capacity of the current vendors in the pool, and additional providers are needed to meet the demand for services. This may include an increase in demand for the entire AAA 1-B service region, or the demand may be limited to a specific county.

   c. The AAA 1-B identifies a gap in services that cannot be fulfilled by the current vendor pool. A gap in services may include, but is not limited to; a need for a service not previously provided or funded under AAA 1-B service definitions or services provided by a specific type of worker (i.e. bi-lingual).

   Note: In cases regarding exceptions (a) and (b), if the AAA 1-B deems it necessary to included additional providers in the vendor pool during the three year contract period, providers whom had previously applied but were not selected to participate during the initial application process will be invited to reapply. These vendors will be given priority over vendors whom had not previously applied to the vendor pool.

VII. Self-Determination Models: Agency with Choice & Umbrella Agency

1. Vendors providing CLPS, CLS, and In-Home Respite (Service Group #1) are expected to participate in the Agency With Choice (AWC) and Umbrella Agency (UA) program model.

2. Under the self-determination program models, the participant has the option to choose their own worker, such as a friend or some family members. The vendor agency agrees to hire that worker, within the parameters outlined in the UA and

AWC agreements. The self-determination program models are person-centered and provide the participant more control over their own worker.

3. Under these models, the vendor agency is the Employer of Record. The vendor agency is responsible for background checks, required hiring and tax documentation and makes the final decision on hiring the worker. The participant is the supervisor of the worker and sets the worker's job description.

4. Umbrella Agency

    a. The Umbrella Agency model only applies to non-Medicaid Waiver participants. Authorizations for umbrella workers will be authorized under the CLPS service definition.

    b. Umbrella agencies agree to employ individuals that provide services to AAA 1-B participants if they meet the agency's employment guidelines. If hired by the agency, an umbrella worker may continue to provide services to the participant and have the option to increase their workload or take on additional cases at their own discretion. Increasing the work to other participants is not required for umbrella workers.

    c. Umbrella workers must be hired at the same pay scale as all other employees of the umbrella agency and must abide by the agency's employment guidelines.

    d. Upon approval for hire, the umbrella agency will inform the AAA 1-B Supports Coordinator of the date of hire and availability of the worker to begin services through the agency.

    e. Umbrella agencies will not hire a spouse and/or a dependent child and/or a legal guardian of the participant as an umbrella worker as mandated by Michigan Department of Health and Human Services (MDHHS) standards. Other family members are eligible.

    f. Umbrella agencies will complete and maintain a signed and fully executed AAA 1-B DSP Umbrella Agency Agreement Amendment form.

5. Agency with Choice (AWC)

    a. The AWC model only applies to Medicaid Waiver participants. Authorizations for service will be authorized under the Community Living Service (CLS) definition.

    b. The AWC model operates under guidelines similar to the Umbrella Agency guidelines, with additional requirements set forth by the Michigan Department of Community Health. All vendors participating in the Agency With Choice model will be provided with additional documentation and guidelines for review and approval prior to the provision of services under the AWC model.

Area Agency on Aging 1-B

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F. VENDOR ENROLLMENT PROCESS

I. General Selection & Bid Approval- All Applicants

II. Application Instructions

I. General Selection and Bid Approval Process for All Applicants

a. Applicants are approved for a three-year period.

b. Applications for the three year bid services are available on the AAA 1-B website. Dates will be posted prior to the bid process. Applications will be reviewed every 3 years (prior to the next 3-year bid agreement cycle).

a) Only complete applications submitted to the Community and Business Advancement (CBA) Department within the established timeframes will be considered for enrollment into the DSP vendor pool. The DSP Program Manager, with the assistance of the Manager of Compliance and Regulatory Performance and/or the CFO as needed, will determine if an application is complete.

b) Once the application packet is deemed complete, the Bid Agreements are forwarded to the AAA 1-B Chief Executive Officer for final signature.

c) Bid Agreements for new vendors are effective on the date of the Chief Executive Officer's signature and remain in effect until a new Bid Agreement and/or Bid Addendum is submitted.

d) A Bid Application Approval Communique and a copy of the executed bid(s) will be mailed back to the vendor agency and should be maintained as part of the agency's official records. Approved vendors will also be sent a copy of the AAA 1-B Business Associate Agreement (HIPAA/Privacy) to sign and mail back to the AAA 1-B.

e) Once the applicant agency becomes a DSP vendor, the Community Support Services (CSS) Department is provided with relevant bid information. The CSS staff will purchase service from vendors on a case-by-case basis, taking into consideration participant preference, staff availability, location, unit price, and other relevant factors.

f) Entry into the AAA 1-B DSP Vendor Pool *DOES NOT GUARANTEE* that services will be purchased from the enrollee.

g) Applicants will be notified of initial credentialing decisions and re-credentialing denials no more than 60 days from the decision.

h) If credentialing information obtained from other sources varies substantially from the information provided by the applicant, the applicant will be notified by phone before an approval or denial decision is made. All providers have the right to correct erroneous information. If the applicant wishes to do so:

- They must submit a formal written request within two weeks to the Manager of Compliance and Regulatory Performance.

- Manager of Compliance and Regulatory Performance or designee will confirm receipt of corrections within 3 days.

NOTE: The AAA 1-B prohibits discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities. Discrimination by approved vendor agencies can result in a breach of the bid agreement.

II. Application Instructions

a. Articles of Incorporation

Applicants must submit evidence of their status as either a public, incorporated private non-profit or for-profit entity, and/or political subdivision of the state through the submission of the state certificate from the Department of Labor and Economic Growth indicating the official corporate name and/or including any certificates of assumed name or DBA status. For other entities, a City or Township Charter may be used. (A sample form is shown at the end of this section.) The Article of Incorporation can be obtained from:
www.dleg.state.mi.us/bcs_corp/sr_corp.asp.

b. Certificates of Insurance

1. Applicants must contact their insurance agent/broker and inform them of the AAA 1-B insurance requirements. (See minimum insurance standards in Section H: - Insurance Guidelines.)

2. The agent must issue an Accord Certificate which indicates each required insurance, timeframes of the coverage, and the coverage amounts, and MAIL, FAX, or EMAIL the certificate to the AAA 1-B at 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034. Fax Number: (248) 948-0096.

3. The amounts of coverage by type of insurance must be at the levels specified by the AAA 1-B.

c. DSP Bid Agreement and Amendment

1. DSP vendors must complete a separate Bid Agreement and Amendment Form for EACH service to be provided.

2. AAA 1-B services are approved on a 3-year cycle only.

3. Information contained in the Bid Agreement includes:

   i. General Information – Indicate the agency's name, address, email address, Federal ID number, telephone/fax numbers, and contact person(s) for ordering service and billing questions.

*******Email is the primary communication method utilized by AAA 1-B to communicate with the vendors.

ii. Identify if the agency is a minority owned, veteran owned, woman owned and/or owned by a person with a disability.

Note: Minority Agency – In order to qualify as a minority agency, the following condition(s) must be met:

- Non-Profit Organizations – There is at least 50% minority representation on the organization's Board of Directors and on the organization's staff.
- For-Profit Organizations – The organization is owned or controlled by a majority of minority individuals.

iii. The 1-B services for which the bid is applicable and the equivalent of a unit is solely based upon the AAA 1-B approved Service Standards (see Service Standards at aaa1b.com).

iv. Service Cost Per Unit – Predetermined by AAA 1-B and/or negotiated on a per service basis. Bids may not impose a minimum number of units to be purchased by the AAA 1-B.

v. Expenses covered by unit rate: Describe what the unit rate will cover (i.e. Overhead, staffing, etc.)

vi. Capacity – Indicate the capacity or number of potential units available for purchase each week.

vii. Geographic Boundaries – Geographic boundaries of the service area must take into account available personnel for the service. Please be as specific as possible and adhere to recognizable geographic boundaries. Geographic boundaries are limited to an entire county(ies). Portions of a county are not allowable, unless otherwise approved by the AAA 1-B DSP Program Manager. 1-B service region includes: Livingston, Oakland, Macomb, Monroe, St. Clair and Washtenaw counties only (not applicable for residential settings).

viii. Certification – The Bid Agreement must have the signature of the person authorized to sign on behalf of the company, their title, and the date of signing.

d. <u>Assurances</u>

1. Assurance of Compliance with Operating and Service Standards indicates the agency is in full compliance with the AAA 1-B Operating and Service Standards.

2. Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended is required for recipients of federal or state funds.

3. Assurance of Compliance with Civil Rights Act is required for recipients of federal or state funds.

4. Read all information carefully, secure original authorized signatures, and indicate the date of signing.

e. Suspended/Debarred Declaration

This form indicates that the agency is not prohibited from receiving state or federal funds. Read all information carefully, secure original authorized signatures, and indicate the date of signing. Note that AAA 1-B checks the federal suspended and debarred provider list, the Office of Inspector General, Medicare, and SAM exclusion lists regularly.

f. Medical Assistance Provider Enrollment Agreement

All DSP vendor agencies must complete this form, regardless of current or past participation with other MI Choice programs. Complete Original authorized signatures and date of signing are required.

g. Business Associate Agreement (HIPAA)

Agencies must review and sign our HIPAA agreement and submit with original signature(s) with application materials. Make sure your agency legal name is clearly printed on the first page.

h. Policies and Procedures Review Checklist

Applicants MUST submit the policies and procedures outlined on the checklist with the submission of the bid to be considered for participation within the AAA 1-B DSP vendor pool. The checklist must be signed and dated at the time of submission. Please submit only policies requested on the checklist. Policies over and above this check list should not be submitted and will cause a delay in processing because they will be returned and only requested policies should be resubmitted.

i) Proof of Licensure

Agencies providing the following services must provide proof of licensure:

- Nursing (LPN/RN license)
- CNA Certification
- Counseling (MSW/BSW license)
- Personal Emergency Response Systems (UL certification)

- Out-of-Home Respite (AFC or HFA license)
- Community Living Supports when provided in a licensed assisted living setting (AFC/HFA license)
- First Aid/CPR Certification (AFC/HFA)
- Environmental Accessibility Adaptations (Licensed builder or contractor)

j) Owner's / President's Background/Qualifications

Submit Resume or CV

k) Staff Supervisor Qualifications

See Operating Standards, Section B for allowable Supervisor.

l) Subcontracting Direct Care Workers

1. AAA 1-B requires a statement on agency letterhead that agency does not subcontract or 1099 direct care workers.