

**The Area Agency on Aging 1-B
Operational Guidelines for Direct Service of Purchase Providers**

The Area Agency on Aging 1-B (AAA 1-B) aims at avoiding the unnecessary or premature institutionalization of high-risk individuals, those who are unable to provide self-care and have multiple needs. Programs include the MI Choice Waiver, MI Health Link (MHL), Care Management (CM) and Aging and Adult Services Agency (AASA) Programs. Participant/enrollee needs are objectively identified through a comprehensive assessment process and community services are arranged, monitored, and adjusted as necessary by qualified AAA 1-B clinical staff.

AAA 1-B directly purchases needed services for participants/enrollees from a pool of competing vendors. The Direct Service Purchase (DSP) pool is established through formal agreements with existing community service vendors.

The DSP pool may include agencies participating in all three divisions of AAA 1-B.

Services available for bid under an authorized purchase plan for the **MI Choice Waiver & MI Health Link Programs** are:

Adult Day Health	Assistive Technology
Chore Services	Personal Care
Nursing Transition Services (MHL ONLY)	Personal Emergency Response
System Counseling Services	Private Duty Nursing
Environmental Accessibility Adaptations	Nursing Services
Community Living Supports	Respiratory Care
Community Health Worker	Respite Care Provided Inside of the Home
Expanded Community Living Support	Respite Care Provided Outside of the Home
Fiscal Intermediary	Training
Home Delivered Meals	Transportation Services
	Specialized Medical Equipment/Supplies

Services available for bid under an authorized purchase plan for the AASA programs are:

In-Home Respite Care	Personal Emergency Response
Homemaking	Adult Day Services
Chore (Heavy Household Cleaning)	
Personal Care	
Medication Management	
Transportation Services	

AAA 1-B DSP program is available to participants residing in the region's 6 counties: Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw. MI Health Link is available in Macomb County.

I. FUNDING SOURCES/REIMBURSEMENT STRUCTURE

AAA 1-B programs utilize Older Americans Act, Older Michiganian Act and Medicaid funding to purchase services for CM, AASA, and MI Choice Waiver, and MI Health Link participants/enrollees through incorporated agencies and businesses.

Vendors are reimbursed by AAA 1-B on a unit rate system. Only agencies approved for the DSP vendor pool may be reimbursed. Each agency must submit the AAA 1-B DSP bid agreement form, which states

for each service the unit rate of reimbursement. Reimbursement to vendors is based upon an approved reimbursement rate, and the number of units authorized by Support Coordinators and actually delivered to the participant/enrollee. Units of service are generally 15 minutes.

II. TARGET POPULATION

Participant eligibility for services is determined by the AAA 1-B clinical staff. General guidelines are:

- A. **MI Choice Waiver** - Participants who are over age 18, medically eligible for nursing home placement and financially eligible for Medicaid under special expanded income guidelines are qualified to receive services.
- B. **MI Health Link** – Enrollees who are members of the Integrated Care Organizations (ICO). Service level authorizations are determined by ICO.
- C. **Care Management and Community Living Program** - Participants must be 60 years of age or older. Priorities are given based on initial intake assessments completed telephonically or in person.

All AAA 1-B participants are eligible for Title III service delivery regardless of race, color, religion, sex, national origin or income.

AAA 1-B staff will purchase service(s) on behalf of participants/enrollees determined to need such service intervention. It is the responsibility of AAA 1-B clinical staff to determine appropriate service intervention.

III. VENDOR ELIGIBILITY STANDARDS

- A. **Eligible Organizations** - Public, incorporated private non-profit or profit-making service vendors, and political subdivisions of the state, which offer services that meet the Michigan Department of Health and Human Services (MDHHS) service standard, Aging and Adult Services Agency (AASA) standards, MI Health Link standards and AAA 1-B's operational guidelines minimum standards. Organizations serving Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties are eligible to apply. **Verification of incorporation must be submitted with the DSP application.**
- B. **Insurance** - Service vendors shall indemnify and hold harmless AAA 1-B, AASA, and the Michigan Department of Health and Human Services against any and all expense and liability of any kind which AAA 1-B, AASA, or MDHHS may sustain, incur, or be required to pay arising out of the implementation of this bid agreement. All buildings, equipment, supplies, and other property purchased in whole or in part with funds awarded by the MCSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss. **Service vendors are required to maintain insurances in amounts necessary to cover claims specific to the services being provided, in addition to the listed required insurances.**

INSURANCE REQUIRED FOR ALL SERVICE VENDORS:

- Workers' Compensation and Employer's Liability.
- Unemployment (in accordance with applicable federal and state laws and regulations).

- General Liability with AAA 1-B included as an additional insured (with 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 coverages).
- Third party crime limit of \$50,000
- Fidelity Bonding (for persons handling cash)
- No-fault vehicle insurance (for agency owned vehicles) minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.

OTHER INSURANCE REQUIRED OF SERVICE VENDORS WHERE APPLICABLE:

- Product Liability with AAA 1-B included as an additional insured (meals, etc.).
- Professional Liability with AAA 1-B included as an additional insured in amount of \$1,000,000. (Counselors, Nurses, and other licensed professionals). This coverage is also necessary for Nurses supervising DCWs.
- Property and Theft (for all buildings, equipment, supplies, and other property purchased with Federal and/or State funds).
- Automobile Liability coverage for owned, hired and non-owned, including residual liability insurance with a minimum combined single limit of \$1,000,000 each accident for bodily injury and property damage.

RECOMMENDED INSURANCE for additional protection includes, but is not limited to: errors and omission insurance for Board Members and Officers; umbrella liability; and special multi-peril. Vendor should consult with their insurance agent about additional coverage.

Insurance policies must be issued by admitted carriers licensed to do business in Michigan or approved to do business in Michigan, and such companies must be well rated and acceptable to AAA1-B.

Certificates of Insurance must be issued to via email to insurance@aaa1b.org.

In addition, certificates shall include AAA 1-B as an additional insured on general and professional liability policies, and as a certificate holder on all policies. Vendors are required to provide 30-day written notice of changes or cancellation of coverage to AAA 1-B. If vendor cancels coverage, they may be subject to elimination from the DSP vendor pool. **Submission of the Certificate of Insurance is required along with the bid agreement application.** Bids cannot be approved until insurance certificates are received.

Current contracted vendors will be notified via postal mail or email of all insurance policies expiring the upcoming month. Vendors are expected to contact their insurance provider and request that the renewed policy be sent to AAA 1-B prior to the current policy's expiration date. If a new policy is not received by the expiration date, an e-mail will be sent with a final due date for compliance. Failure to meet the due date will result in immediate contract termination.

C. Confidentiality - Service vendors are to have procedures to protect the confidentiality of information about the participant/enrollee they serve. No information will be disclosed without the prior informed consent of that individual or his/her legal representative. Disclosures 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 participant/enrollee information) so long as acting in conformity with the Health Insurance Portability and Accountability Act (HIPAA). **All participant/enrollee information shall be**

maintained in controlled access files.

- D. Subcontracting** - An agreement between AAA 1-B and a service vendor is one that is entered into in reliance upon the skills and qualifications of the service vendor and its principal officers, who must actively and substantially participate in the rendering of the services under this bid agreement. The service vendor and its employees who are covered by the service vendor's insurance coverages, as specified in Section B, must perform those services. A service vendor cannot assign, transfer, share, or subcontract any of its duties or any of the services that it will render under the agreement or contract to any third party or to any independent contractor without the prior written approval of AAA 1-B.
- E. Service vendor procedures** – All vendors must have procedures for the following items and copies of these procedures must be submitted with the application:
1. Participant Appeal/Grievances
 2. Participant Confidentiality
 3. Participant Feedback/Evaluation
 4. Participant Rights and Responsibilities
 5. Emergency in the Participant's Home
 6. Medication Management Policy/Procedure
 - a. Policy for aides – AAA 1-B does not allow non-licensed individuals to dispense, prepare or administer medication. Only cuing is allowed.
 - b. Policy for PDN staff (if applicable)
 - c. Procedure for notifying AAA 1-B if employees notice a problem with the participant's ability to take medication as prescribed
 - d. Each direct service provider who offers Nursing Services under the Michigan Department of Health and Human Service and MI Health Link Contracts must have policy and procedures outlining medication management by a Registered Nurse. Policy and Procedures must be in compliance with the Michigan Department of Health and Human Service and MI Health Link Contracts service standard for Nursing Services.
 7. Policy for reporting Accident/Incidence Reports and Emergency Response including:
 - a. Notifying AAA 1-B if services are not available due to weather related or other emergencies by calling 800-952-7795.
 - b. Contacting participants regarding scheduling/rescheduling or cancellation
 - c. Verifying participant's health and safety status in the event services cannot be delivered
 - d. Instructing workers to report any change in participant's condition or environment to supervisor. Supervisor is to report to AAA 1-B immediately any sort of such change.
 - e. Procedure for ensuring that agency staff knows the participant's contingency plan in the event of missed visits.
 - f. Reporting abuse, neglect or exploitation to Adult Protective Services (APS)
 - g. Reporting abuse, neglect or exploitation to Area Agency on Aging 1-B.
 - h. Reporting of theft or illegal activities in the home
 8. Policy for reporting if services cannot be provided for any reason including if the participant is not in the home for the following reasons:
 - a. Hospitalization/ Emergency Room visit
 - b. Nursing Home/Rehab
 - c. Out of home respite
 9. Solicitation – policy on worker solicitation which states workers may not:
 - a. Solicit or accept contributions or gifts from AAA 1-B participants

- b. Offer for sale any type of merchandise or service
 - c. Seek or encourage acceptance of any belief or philosophy
10. Recruitment, Training (orientation and ongoing) and Supervision of Staff
- a. Yearly and ongoing training of employees is to be provided at a minimum of two times per year. Provide a **schedule** of training including topics. Sample training topics include: See Training Section for sample topics.
11. Provide a sample form used for conducting in-home supervisory visits of direct care workers which contains:
- a. Date of supervision
 - b. Name of participant
 - c. Name of worker
 - d. Skills/tasks observed
 - e. Level of competence
 - f. Signature of supervisor- Home based providers must have a supervisor available to direct care workers at all times while the worker is furnishing services to participants/members. **Home- based providers must conduct in-home supervision of their staff as least twice per year. A register nurse (RN) or qualified professional must conduct the supervisory visit. More specifically workers providing services to MHL members and MI-Choice participants receiving personal care must be supervised by a registered nurse (RN) licensed in the State of Michigan. Licensed facility staff may be supervised by a qualified professional. Unlicensed housing staff providing non-personal care services such as housekeeping may be supervised by a qualified professional.**
12. Reporting of any changes in the participant's situation to AAA 1-B including:
- a. Structural damage
 - b. Unsanitary environment (including insect/rodent infestations)
 - c. Non-compliance with medical care
 - d. Absence of scheduled services (placing participant in a vulnerable state by compromising his/her health)
13. Policy/Procedure for acquiring criminal history screening:
- a. Conduct or cause to be conducted a search on the Internet Criminal History Access Tool (ICHAT) and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who works directly with participants or has access to participant information.
 - o ICHAT: <http://apps.michigan.gov/ichat>
 - o Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - o National Sex Offender Registry: <http://www.nsopw.gov>
 - b. Conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who works directly with participants.
 - o Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7193-159490--,00.html
 - c. Require each new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with participants or who has access to participant information to notify the vendor in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring. Upon receipt of such information, provide notification of such information to AAA 1-B.
 - d. ICHAT must be complete prior to hire and every three (3) years thereafter. More frequent annual screenings are recommended. LARA Michigan Workforce Background Check will also be accepted.

Program-approved agencies are required to assure that a criminal history screening of all individuals in their employment prior to providing in-home services. Provide **at least two documented references** for employees before they start work in a participant's home.

14. Other requirements must be adhered to as dictated in the Michigan Department Health and Human service standards, Aging and Adult Services Agency (AASA) standards, and MI Health Link service standards.
15. Policy for completing licensing, SAM, OIG and state exclusion checks on all employees.
16. Policy on fraud, waste and abuse outlining whistleblower protections.

IV. APPLICATION PROCESS

If AAA 1-B's provider pool is open, new bids will be reviewed for inclusion into the pool for the next multi-year. Organizations proposing to participate in direct purchase of service receive an application to be a provider which must be completed, submitted and approved prior to receiving a bid agreement. The application and required supplemental documentation must be complete and approved by AAA 1-B in order for a provider to receive a bid agreement. Available on AAA 1-B's website are AAA 1-B operational guidelines, MDHHS service standards, MI Health Link Operational Standards and billing instructions.

Application materials must include the following: submission of individual services and unit rates; policies/procedures; verification of incorporation; organizational chart; applicable professional licenses; and insurance documentation. Instructions on how to fill out the bid agreement are provided with the bid agreement.

SEND ALL MATERIALS TO: DSPrecredentialing@aaa1b.org

- A. **Direct Service Purchase Bid Agreement** - Please read the Direct Service Purchase Bid Agreement in its entirety.
- B. **Direct Service Purchase Service Information/Unit rates** - Rates established through the Bid Agreement is time-specific, normally covering AAA 1-B's fiscal year (Oct. 1 - Sept 30).

Allowable reimbursements and unit definitions as stated in the service-specific standards must be adhered to strictly. Therefore, in establishing unit rates vendors are advised to consider all potential costs which may incur during service provision. **A unit may include administration, holiday pay, travel expense, documentation time, etc.**

Bids are effective following AAA 1-B Authorizing Official's signature, or the effective date listed.

1. **Vendor Information** - Indicate the agency's name, address, and telephone number.
2. **Background** - Provide a brief narrative regarding the background of the vendor relevant to the proposed service.
3. **Service** - Identify the service being proposed (community living supports, personal emergency response, etc.).
4. **Capacity** - Indicate the capacity or number of potential units available for purchase each month.

5. **Service Cost Per Unit** - The service cost per unit reflects the proposed charge to AA 1-B for each unit of service delivered.

There are maximum dollar amounts that will be paid for each service category. Should a submitted bid be higher than these established rates, the Vendor will be notified and informed that the rate is beyond the maximum allowable, and that AAA 1-B will not be able to use the service unless the rate is lowered. It is the option of the Vendor to resubmit the rate at a lower level or be dropped from consideration for the vendor pool for that particular service.

6. **Geographic Boundaries** - Fill in the geographic boundaries of the service area, taking into account available personnel for the service. Please be very specific. For instance, if covering only certain cities in any of the six counties state this on the bid agreement. We strongly encourage vendor agencies to cover entire counties.

7. **Signature** - Obtain the appropriate requested signature and date of the signing on the bottom of the form.

C. Exhibits B-E – This section includes four (4) exhibits:

1. Exhibit B Delegated Functions,
2. Exhibit C Provider Network Training Requirements,
3. Exhibit D PDN/Nursing, and
4. Exhibit E MI Health Link Additional Requirements.

Read all information carefully and sign all exhibits that contain a signature field (Exhibit B). The corresponding Attestation Signature Page will also need to be completed. Initial and date each section, fill in the agency name and secure requested signatures (**original or electronic signatures are required**), and indicate the date of signing.

- D. Associate Agreement Exhibit F** – All DSP Vendors must complete this agreement, which describes the privacy practices that Vendors must follow in order to protect the confidentiality of participant/enrollee information. Please read all information carefully, fill in the Vendor's name and address where appropriate, secure requested signatures (**original or electronic signatures are required**) and indicate the date of signing. The corresponding Attestation Signature Page will also need to be completed. Initial and date each section, fill in the agency name and secure requested signatures (**original or electronic signatures are required**), and indicate the date of signing.

- E. Medicaid Provider Disclosure Agreement** – Detailed instructions for this document are included.

V. SELECTION

Once designated AAA 1-B staff determine the compliance with service standards and guidelines, vendors for the pool will be selected.

AAA 1-B staff will select vendors on a case by case basis from the criteria listed below. Vendors will deliver services at levels specified by AAA 1-B service plans, approved by the participant/enrollee and/or their representative and the supports coordinator(s).

- A. Cost** - Selection is competitive and AAA 1-B's focus is on cost effectiveness.

- B. Accessibility** - Include the geographic area of service and ease of service delivery to AAA 1-B participants
- C. Ability to Provide Quality Services** - Includes performance, participant/enrollee outcome and accountability as monitored by AAA 1-B staff during performance criteria reviews (programmatically audits).
- D. Comprehensive Care** - Minimize the number of agencies involved in each case for time effectiveness in brokering and/or purchasing services, and for minimizing participant/enrollee and family stress.

AAA 1-B will provide the selected vendors with the bid agreement to sign and return. After the agreement is signed by a AAA 1-B CEO, AAA 1-B will mail a copy of the signed bid agreement to the vendor.

VI. TRAINING

AAA 1-B requires that all providers offer training to staff that meets or exceeds MDHHS and MHL guidelines at a minimum of **two times per fiscal year**. This training is in addition to orientation training provided upon hire. Providers should review training suggestions that are noted in MDHHS and MHL standards for specific services. Training should be well documented including: a staff sign-in sheet which includes: date of training, staff signatures, materials provided to staff; and topics discussed. Additionally, documentation of training is to be retained in staff employee records. AAA 1-B requires that Health and Safety competency-based training be provided to staff upon hire and annually incorporating the following:

1. Health and safety practices.
2. Identification of unsafe environmental factors.
3. Emergency procedures
 - Participant Emergencies
4. Worker Safety within the home Evacuation procedures, if appropriate.
5. Identification of critical incidents and Reporting of critical incidents.
6. Medication management, if appropriate.
7. Reducing physical risk
8. Disability Literacy including the following:
 - Various types of chronic conditions prevalent within target population
 - Types of barriers encountered by the target population
 - Awareness of personal prejudices
 - Legal obligations to comply with ADA requirements
 - Definitions and concepts such as communications access, medical equipment access, physical access and access to programs
 - Person-Centered Planning process and Self-Determination, the social model of disability, the Independent Living Philosophy and the recovery model
 - Evidence-based practices and specific levels of quality outcomes
 - Mental Health diagnoses including crisis prevention and treatment

VII. DOCUMENTATION REQUIREMENTS

MDHHS, AASA, MHL and AAA 1-B require that all contracted providers keep documentation regarding services rendered for at least ten years. This documentation includes participant name,

date of service, type of service, unit cost, time, and number of units provided per participant, and progress note/written narrative completed for each day of service.

The following service lines may have additional or different documentation requirements.

In addition to requirements above:

- Adult Day Health Service Providers:
 - Progress notes in response to observations (at least monthly). Daily not required.
 - Maintain a daily sign-in sheet

- Private Duty Nursing Service Providers:
 - Hourly progress noting

Each direct provider of home-based services also must maintain comprehensive and complete participant records that contain, at a minimum:

1. Details of the request to provide services.
2. A copy of the waiver agency's evaluation of the participant's need.
3. Service authorizations or work orders.
4. Providers with multiple sources of funding must specifically identify waiver participants.
5. Notes in response to participant, family, and agency contacts (not required for home delivered meal programs).
6. A record of release of any personal information about the participant and a copy of a signed release of information form.

Should AAA 1-B, MDHHS, MHL and/or AASA request to review this material, providers are required to provide access. AAA 1-B will monitor providers to ensure compliance with this requirement. Provider agency must have a policy regarding retaining participant records in a HIPAA compliant method for ten years.

VIII. VENDOR TRAININGS, MEETINGS, AND MAIL CHIMP

All meetings and trainings deemed mandatory by AAA 1-B must be attended by vendors. The intent of meetings and trainings is to provide information related to program and fiscal requirements. At least one meeting and/or training will be held each fiscal year. AAA 1-B also utilizes Mail Chimp to disseminate information on a regular basis. Information conveyed through this method of communication may be related to agreement with AAA1-B and all providers are required to read these emails in a timely manner.

IX. ADDITIONAL OR SUPPLEMENTAL PAYMENT

Vendors are to accept reimbursement from AAA 1-B as payment in full for services rendered. Vendors are prohibited from asking for or accepting additional or supplemental payment from the participant, his/her family, or representative in addition to the amount paid by AAA 1-B even when a participant has signed an agreement to do so. Failure to comply with this guideline will result in probation or removal from the vendor pool.

X. CODE OF ETHICS AND CONFLICT OF INTEREST

AAA 1-B's business activities are highly regulated and monitored by state and federal agencies. Accuracy, honesty and integrity of all vendors are required. Failure to comply with applicable

legal standards, Michigan Department of Health and Human Services MI Choice Waiver Standards, MI Health Link Standards, AASA Standards or AAA 1-B Operational Standards may result in contract termination, suspension or probation.

XI. CRITICAL INCIDENT REPORTING

Critical incidents are specific and defined issues that occur while providing service to the participant. Incidents may or may not require reporting to APS or the police however reporting are required by the Michigan Department Health and Human Services. 100% reporting is expected. If an unreported critical incident is discovered, the vendor may be suspended, put on probation or removed from the vendor pool. The following are considered critical incidents:

1. Anything that requires an APS report – exploitation, neglect, physical abuse, and sexual abuse
2. Any suspected or observed illegal activity in the home (including the participant)
3. Any missed visits for people with critical care needs
4. Suspicious or unexpected death. These are also reported to law enforcement
5. Verbal abuse or threatening behavior by provider or any other person, must be reported to APS
6. Worker consuming drugs/alcohol on the job
7. Any theft the participant reports regardless of whether the theft is significant, or the report is substantiated
8. Medication error
9. Suicide attempts
10. Use of restraints or seclusion

A provider can file a complaint and/or grievance against AAA 1-B by contacting the Network Management Team, and Participants can file a complaint against provider by contacting the Supports Coordinator (For Provider Complaint/Grievance, refer to section XIX).

XII. NEW STAFF LICENSURE/CERTIFICATION

Providers are responsible for submitting licensure/certification of the vendor staff or AFC/HFA on an ongoing basis as well as for new hires to AAA 1-B according with state law prior to staff providing services.

XIII. MEDICAL SERVICES ADMINISTRATION (MSA)

Vendors are required to adhere to MSA Bulletins Publications as they are published by MDHHS. See link https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-515596--,00.html

XIV. VENDOR EXCLUSION LIST

AAA 1-B will be conducting, at a minimum, **monthly checks** of state and federal databases in order to verify the current status of the vendor agency entity. Monthly checks will be enforced through the following outlets:

1. Office of Inspector General (OIG) Exclusions Database
2. MDHHS List of Sanctioned Providers
3. System for Award Management (SAM) Debarment Search Database
4. Department of Licensing and Regulatory Affairs (LARA) Corporations Division Business Entity Search.

AAA 1-B will utilize the aforementioned databases before contracting with a vendor agency, during the credentialing and subsequent re-credentialing stage, and at a minimum monthly throughout the length of the contract.

AAA 1-B will not contract with, or otherwise pay for any items or services furnished, directed, or prescribed by a vendor agency that has been excluded from participation in federal health care programs under OIG of the U.S. Department of Health and Human Services, MDHHS, SAM, or LARA.

Upon notice from MDHHS or CMS, AAA 1-B shall not authorize any vendors who are terminated or suspended from participation in the Michigan Medicaid Program, Medicare, or from another state's Medicaid program, to service participants and shall deny payment to such vendors for services provided.

Additionally, AAA 1-B shall notify MDHHS OIG within 20 days when it terminates, suspends, or declines a vendor from its network because of fraud, integrity, or quality. AAA 1-B shall also notify CMS and MDHHS OIG on a quarterly basis when a vendor agency fails credentialing or re-credentialing because of a program integrity or Adverse Action reason and shall provide related and relevant information to CMS and MDHHS OIG as required by CMS, MDHHS, or State or federal laws, rules, or regulations.

XV. PERSONAL CAREGIVER EXCLUSION LIST

All Service Providers must conduct prior to hire and monthly review of all personal caregivers to ensure that participants are not under the care of personal caregivers who are excluded from any state Medicare or Medicaid program or are the subject of state or federal licensing actions. A personal caregiver is defined as any person providing any service(s) to a AAA 1-B participant/enrollee. This policy is in compliance with Michigan Department of Health and Human Services (MDHHS), Centers for Medicare and Medicaid Services (CMS), and the Area Agency on Aging 1-B (AAA 1-B) standards. Monthly checks must be conducted through the following outlets:

1. Office of Inspector General (OIG) Exclusions Database
2. MDHHS List of Sanctioned Providers
3. System for Award Management (SAM) Debarment Search Database.

AAA 1-B will not contract with, or otherwise pay for any items or services furnished, directed, or prescribed by a personal caregiver of a Purchase of Service Provider that has been excluded from participation in federal health care programs under OIG of the U.S. Department of Health and Human Services or MDHHS.

XVI. AAA 1-B is asking that all vendors submit an annual attestation form certifying that they are conducting exclusion reviews for employees and keeping documentation in employee files. These forms are due to AAA 1-B by the 15th of July each year. Vendors that do not submit these forms on an annual basis will be subject to corrective action. **WellSky/HARMONY**

All vendors must review Well-Sky/Harmony for notes at least once every 24 hours. Providers are expected to submit notes regarding the participants care informing the participants Supports Coordinator.

AAA1-B must be notified of staff changes who have access to Harmony. A new username will need to be provided. If provider fails to inform AAA1-B of changes this will be considered a

HIPAA violation and provider may be placed on corrective action.

XVII. PERMISSIVE EXCLUSION PROCESS

Vendors are required to obtain participants consent to receiving services from a caregiver of their choice that has permissive exclusions. **Please note that this process only applies to family caregivers hired through the MI Health Link Program.**

Please use the steps listed below:

1. AAA 1-B contacts vendor to let them know that a family caregiver would like to be credentialed through their agency.
2. Vendor runs background check and exclusion checks for the caregiver.
3. If the background check is clean, the vendor creates a Provider Note in Harmony documenting the date that the caregiver was hired.
4. If there are hits on the background check/exclusions, vendor faxes the results of the background check/exclusions to **Attn:** MI Health Link Support 248-281-1938.
5. MI Health Link Clinical Manager Kelly Lowry or Program Manager Katie Rini will review the background check/exclusions and make a determination if further action needs to be taken.
6. If the background check does not have a mandatory or permissive exclusion, the vendors will create a Provider Note in Harmony to document the credentialing date, date of hire and the date the caregiver began providing services.
7. If the background check has a mandatory exclusion, the vendor will receive a phone call from an MHL Program Coordinator stating that the participant cannot be hired. The vendor will also be notified that the caregiver cannot be hired via a Provider Note in Harmony.
8. If the background check has a permissive exclusion, the vendor will receive a phone call from an MHL Program Coordinator stating that the vendor must meet with the participant and have them sign the attached form if they would like this caregiver to provide services.
9. Once the vendor has the participant sign the attached form, the caregiver is able to be hired and provide services to the participant. Vendor keeps a copy of the form with the participant file.
10. Vendor sends a copy of the signed permissive exclusion form to AAA 1-B via fax to Attn: MI Health Link Support 248-281-1938. This copy will be saved on the G Drive in the participant's folder.
11. Vendor creates a Provider Note in Harmony documenting the date that the caregiver was hired.

XVIII. PROBATION, SUSPENSION, TERMINATION

Area Agency on Aging 1-B may identify a need to place a vendor on probation, suspension, or to terminate a vendor. Probation, suspension, or termination of a vendor from the AAA1-B DSP vendor pool may occur but not limited to:

1. There is a suspicion and/or evidence of problems with the internal operation of the vendor organization.
2. There is non-compliance with AAA1-B insurance standards. Non-compliance is at minimum considered not keeping current certificates of insurance with AAA 1-B, lapse in coverage and/or cancelling coverage and not informing AAA 1-B. Non-compliance with insurance requirements will result in immediate termination without corrective action due to liability.

3. AAA 1-B is not required to credential a new company if the vendor agency is acquired or sold to another organization and/or when the company has changed the name under which they do business and the name change results in an issuance of a new federal ID number (EIN).
4. Serious quality assurance issue(s) are identified, and corrective actions are not taken or deemed acceptable.
5. Serious quality assurance issue(s) are identified on a programmatic or fiscal assessment.
 - a. Examples are but are not limited to:
 - i. An Office of the Inspector General (OIG) finding
 - ii. Non-compliance with service standards
 - iii. HIPAA violation or breach
6. Non-compliance with the Business Associate Agreement.

Agencies will be notified in writing in all cases of probation, suspension, or termination from the AAA 1-B DSP vendor pool.

XIX. PROVIDER COMPLAINT AND GRIEVANCE

Area Agency on Aging 1-B providers may submit a formal complaint/grievance by e-mail to NetworkManagement@aaa1b.org or directly to a network management team member.

Examples of a formal complaint/grievance are, but are not limited to the following:

- Consistent lack or poor response/communication
- An issue with AAA 1-B staff conduct
- Complaints regarding AAA 1-B participants not being addressed in a timely matter.

After formal complaint/grievances have been made, a network management team member will acknowledge the request within 2 business days and work toward resolution within 10 business days.

If resolution requires additional time or information to resolve, the network management team member will communicate with the provider (not to exceed 30 calendar days).

Once complaint/grievance has been addressed, a network management team member will send a resolution letter to the provider within 30 calendar days.

If the provider does not feel that resolution has been addressed, the provider may contact the department manager. The department manager will work with the provider to resolve the complaint. If no resolution may be achieved, the department manager and provider will work on ending the partnership and a transition plan for participants currently being served.

XX. Specific Licensed/Unlicensed Residential & On-Site Provider Standards

General Requirements

- Must comply with Home and Community-Based Services Final Rule **CMS-2249-F/CMS-2296-F** (This is also applicable to Adult Day Health Service Providers).

Licensed Residential Requirements

- Must meet Adult Foster Care and/or Home for the Aged facilities minimum standards for these regulated facilities enforced under The Adult Foster Care Act (PA 218 of 1979) and the Public Health Code (PA 368 of 1978).

- Must report a pend or negative status of agency's AFC/HFA license within 3 business days for any location under contract with the AAA 1-B.
- Must employ staffing ratios that meet minimum LARA licensing standards
- Ensure adequate staff to meet the health and safety of AAA 1-B participants

Unlicensed Residential Requirements

- Must have a mechanism and corresponding policy and procedure for all AAA 1-B participants to contact the provider in the case of emergency or request for assistance with intermittent care. This mechanism could be a pull cord, personal emergency response system, etc. This must be free of charge to the participant.

On-Site CLS and Personal Care Requirements

- Must have a registered nurse (RN) licensed to practice nursing in the State available to conduct twice per year on-site supervisory visits and available at all times to direct care workers furnishing services. Supervision may be made available by phone.
- Must have a mechanism and corresponding policy and procedure for all AAA 1-B participants to contact the provider in the case of emergency or request for assistance with intermittent care. This mechanism could be a pull cord, personal emergency response system, etc. This must be free of charge to the participant.
- Ensure all medication administration is performed within the scope of practice of an RN and/or LPN. LPN must be supervised by a RN.