



# ***DIRECT SERVICE PURCHASE (DSP) OPERATING AND SERVICE STANDARDS MANUAL***

**Revised  
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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**

## **Updated September 2016**

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## **A. INTRODUCTION TO COMMUNITY SUPPORT SERVICES**

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- I. Introduction
- II. Community Living Program (CLP)
- III. Rapid Response Respite (RRR) Program
- IV. Community Care Management
- V. MI Health Link
- VI. MI Choice Medicaid Waiver
- VII. 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 Office of Services to the Aging (OSA), 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
- Personal Emergency Response
- Other Goods and Services

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

- 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

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- Goods and Services
- Private Duty Nursing
- Personal Emergency Response
- In-Home Respite
- Nursing Services
- Out-of-Home Respite
- Specialized Medical Equipment
- Training
- Home Delivered Meals
- Non-Medical Transportation

*\*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**

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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

<b>B. General Operating Standards for Vendors</b>	
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## **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](http://www.aaa1b.com).**

### **1. 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.)

### **2. 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

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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.

### **3. 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](mailto: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

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must be covered by the vendor agency's insurance coverage. (See appendix for insurance guidelines.)

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. Vendors shall not, under any circumstance, be reimbursed for service not rendered to MI Choice waiver participants (per state guidelines).
- iii. Vendors must comply with the AAA 1-B Participant No-Show Policy to receive reimbursement. (Excludes MI Choice Waiver)
- iv. 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

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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 from 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.

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- 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.

Specific instructions for submitting missed visit information in Harmony, including a detailed list of missed visit reason codes, can be found in Section C of this manual.

#### **4. 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

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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](http://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.

## **5. 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.

## **6. 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

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whether written, electronic, or oral for a minimum of six years, or ten for MI Health Link.

- 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.

## **7. 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



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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. Emergencies (Weather, Nature, Other)**

- 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

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welfare (i.e., inclement weather, unavailable personal caregivers, etc.).

Minimally, the written procedures shall include:

- 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).
- Contacting participants to notify them of cancellation or rescheduling of services.
- 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.

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- 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.

**8. 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.

**9. 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.

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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.

**10. 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

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- 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

## **11. 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.

## **12. 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.

<b>B. General Operating Standards for Vendors</b>	
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- 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. Suspension/Debarment Review

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 FY17, vendor agencies should continue their current screening processes including manual checks of the Federal/State databases as required by the MI Health Link program.

### **13. 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.

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- 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).

#### **14. 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.

#### **15. 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.

#### **16. Record Retention**

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- A. Each vendor must keep all records related to or generated from the provision of services to program participants for a minimum of six years, or ten for MI Health Link.
- 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.)

## **17. 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.

## **18. 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.



<b>B. General Operating Standards for Vendors</b>	
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- 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.

## **19. 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>B. General Operating Standards for Vendors</b>	
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- 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 six years, or ten years for MI Health Link.

### **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

<b>B. General Operating Standards for Vendors</b>	
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- 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.

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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. Electronic Documentation

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 Documentation

i. CSS Authorization Form

ii. CSS Assessment and/or Reassessment

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- iii. CSS Plan of Care Service Order, containing specified orders or tasks; or job description for Agency With Choice/Umbrella Agency
- iv. Notes in response to participant, family, and agency contacts (not required for home delivered meal programs)
- v. Progress Notes
- vi. A record of release of any personal information about the participant and/or a copy of a signed release of information form

J. 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](http://aaa1b.com) for service specific training requirements.

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

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- 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,

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- ii. Operation of a hoist 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:
  - o 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
  - o A provider shall assure that medication conforms to federal standards and the standards of the medical community

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- A provider shall not use medication as punishment, for the convenience of the staff, or as substitute for other appropriate treatment.
- 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.
- A provider shall record the administration of all medication in the recipient's record
- 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:
    - Copy of the request for services



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- 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.

### **III. 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

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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.

## **C. SERVICE AUTHORIZATION AND BILLING**

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This section contains the following information:

- I. General Information
- II. Overview of Funding Sources/Reimbursement Structure
- III. Authorization
- IV. Harmony Billing Instructions/Claims Submission Process
- V. Billing Adjustments

<b>C. Service Authorization &amp; Billing</b>	
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## **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 10<sup>th</sup> of the 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**.

## **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.

<b>C. Service Authorization &amp; Billing</b>	
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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

<b>C. Service Authorization &amp; Billing</b>	
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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. HARMONY BILLING INTRUCTIONS/CLAIMS SUBMISSION PROCESS**

<p><b>Vendor data prerequisites</b> (completed by DSP Vendor Manager)</p> <ul style="list-style-type: none"> <li>• Required fields in provider record: Vendor No., taxpayer ID, &amp; claims identifier</li> <li>• Provider open to fund code (AAA)</li> <li>• Services attached to provider</li> </ul>
<p><b>Participant data prerequisites</b> (completed by Supports Coordinator)</p> <ul style="list-style-type: none"> <li>• Required fields in participant record: Medicaid ID (or NA), SSN, complete address, gender, DOB</li> <li>• Participant open to fund code (AAA)</li> <li>• Participant referred to provider</li> <li>• Completed primary diagnosis for participant</li> <li>• Approved Authorization and AuthService with provider and service. AuthService <u>must</u> include selection of ISO code.</li> </ul>

## C. Service Authorization & Billing

Issue Date: 3/27/07

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### a. Claim Creation

It is important to understand that submitted will pass through all systems, including the state. Therefore, it is important that the information submitted is accurate. All submissions made to Harmony are first processed by the AAA 1-B accounting system, then by the state accounting system before being returned to the AAA 1-B as approved or denied. Corrections also follow this process. Anyone with access to the system can verify all stages of the claims.

### Claims Entry Instructions – Selecting a Participant & Authorization

The screenshot displays the 'My Harmony' web application interface. On the left sidebar, there are links for 'Participants', 'Providers', 'Claims', and 'Reports', along with a 'Sign Out' button. The main content area shows a 'Welcome, Tommy Training' message with the date and time '4/16/2009 12:21 AM'. Below this, there are three tabs: 'Consumers', 'Providers', and 'Tasks'. The 'Providers' tab is active, showing a list of providers with columns for 'Ticklers', 'Cases', and 'Referrals'. The 'Tasks' tab is also visible, showing a list of tasks including 'My Management', 'Case Queue', 'Current Active Cases', 'Enrollments', 'Ticklers Due', 'Event Ticklers', and 'Add a New Claim'. The 'Add a New Claim' button is highlighted with a red rectangular box.

1. Log in system.
2. On the My Harmony page, click on **Add a New Claim**



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## C. Service Authorization & Billing

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**harmony** INFORMATION SYSTEMS, INC. **Claims Entry**

Welcome, Tommy Training 1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**  
Authorization \*

**Vendor/Provider Information** **Participant Information**

Rendering Provider \* Training Agency Details Case No \*

Service Type \* AAA Medicaid ID \*

Vendor No \* TRAAGE Last Name \*

Name \* Training Agency First Name \*

Tax ID \* 38-9999999 Street \*

NPI \* HIS\_2955 City \*

State \*

Zip \*

Gender \*

Date of Birth \*

SSN \*

**Diagnosis Information** **Additional Information**

Diagnosis 1 \*

Provider Claim ID

Batch No trainingt2

**Claim Services**

☐ Service Line View  
☒ Calendar View

Service \*  Clear

Place of Service \*

Calendar Month December

Calendar Year 2009

< December 2009 >

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5

**3. Claims Entry window will open.**

**harmony** INFORMATION SYSTEMS, INC. **Claims Entry**

Welcome, Tommy Training 1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**  
Authorization \* 159507

**Vendor/Provider Information** **Participant Information**

Rendering Provider \* Training Agency Details Case No \*

Service Type \* AAA Medicaid ID \*

Vendor No \* TRAAGE Last Name \*

Name \* Training Agency First Name \*

Tax ID \* 38-9999999 Street \*

NPI \* HIS\_2955 City \*

State \*

Zip \*

Gender \*

Date of Birth \*

SSN \*

**Diagnosis Information** **Additional Information**

Diagnosis 1 \*

Provider Claim ID

Batch No trainingt2

**4. Enter the AuthID in the Authorization field and then tab to the next field or push Enter.**



## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17



### Claims E

Welcome, Becki Tyler

5/19/2009

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

<b>Authorization</b>	
Authorization *	<input type="text"/> <span>...</span>
<b>Vendor/Provider Information</b>	
Rendering Provider *	<input type="text"/>
Service Type *	AAA *
Vendor No *	<input type="text"/>
Name *	<input type="text"/>
Tax ID *	<input type="text"/>
NPI *	<input type="text"/>
<b>Participant Information</b>	
Case No *	<input type="text"/>
Medicaid ID *	<input type="text"/>
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Street *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text"/>
Zip *	<input type="text"/>
Gender *	<input type="text"/>
Date of Birth *	<input type="text"/>
SSN *	<input type="text"/>
<b>Diagnosis Information</b>	
Primary Diagnosis *	<input type="text"/> <span>...</span>
<b>Additional Information</b>	
Provider Claim ID	<input type="text"/>
Batch No	btyler2

5. If you do not know the Auth ID, click the [...] button next to the Authorization field.

<b>Filter</b>							
<input checked="" type="checkbox"/> Auth Number	Begins With	<input type="text"/>	AND				
<input checked="" type="checkbox"/> Lastname	Begins With	mouse	AND				
<input type="text"/> <span>Auth Number</span> <span>Add</span>							
<span>Search</span> <span>Reset</span>							
1 Auth Search record(s) returned - now viewing 1 through 1							
Auth Number	AuthID	Lastname	Firstname	Auth Date	Provider	Start Date	End Date
159507	Mouse	Mickey		10/01/2009	Training Agency	10/01/2009	09/30/2010
<span>&lt;&lt; First</span> <span>&lt; Previous</span> <span>Retrieve 15</span> <span>Records at a time</span> <span>Next &gt;</span> <span>Last &gt;&gt;</span>							

- A new window will open with search filters at the top. Leave the Auth Number filter blank. Enter the participant's last name into the blank textbox. Then click **Search**.
- Results will appear below the search filters. Click on the participant that you would like to submit claims for.



### Claims Entry

Welcome, Tommy Training

1/24/2010 5:27 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

<b>Authorization</b>	
Authorization *	159507 <span>...</span>
<b>Vendor/Provider Information</b>	
Rendering Provider *	Training Agency
Service Type *	AAA *
Vendor No *	TRAAGE
Name *	Training Agency
Tax ID *	38-9999999
NPI *	HIS_2955
<b>Participant Information</b>	
Case No *	72845 <span>...</span>
Medicaid ID *	na
Last Name *	Mouse
First Name *	Mickey
Street *	999 Telegraph
City *	Southfield
State *	Michigan
Zip *	48034
Gender *	Male
Date of Birth *	1/20/1922
SSN *	111-22-5463
<b>Diagnosis Information</b>	
Diagnosis 1 *	[01700] TB SKIN/SUBCUTAN-UNSPEC
<b>Additional Information</b>	
Provider Claim ID	<input type="text"/>
Batch No	trainingt2

## C. Service Authorization & Billing

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8. If the set-up described in #1 & 2 above is done properly by the AAA 1-B staff, the Vendor/Provider, Participant and Diagnosis Information portions of the screen will populate completely (see screenshot above).
9. If required fields are not populated, call the Supports Coordinator for this participant or call the AAA 1-B Resource Center (1-800-852-7795) to be directed to the appropriate staff person to assist you with Harmony Support.

### Claims Entry Instructions – Entering Claims Service Information

On the Claims Entry Screen, there are two ways to submit claims:

Service Line View – Allows vendor to enter an unlimited number of service lines for a single participant regardless of service code, line-by-line, which is automatically split into multiple, single service line claims on submission. This method of claims entry is required when entering no show reasons, void, void & replace, and resubmit.

Calendar View – Allows the user to select a service code for a participant, using a calendar grid to submit up to one month's worth of claims.

### Service Line Claims Entry

**harmony** INFORMATION SYSTEMS INC.

**Claims Entry**

Welcome, Tommy Training 1/24/2010 8:20 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**  
Authorization \* 159507

**Vendor/Provider Information**  
Rendering Provider \* Training Agency  
Service Type \* AAA  
Vendor No \* TRAAGE  
Name \* Training Agency  
Tax ID \* 38-9999999  
NPI \* HIS\_2955

**Participant Information**  
Case No \* 72845  
Medicaid ID \* na  
Last Name \* Mouse  
First Name \* Mickey  
Street \* 999 Telegraph  
City \* Southfield  
State \* Michigan  
Zip \* 48034  
Gender \* Male  
Date of Birth \* 1/20/1922  
SSN \* 111-22-5463

**Diagnosis Information**  
Diagnosis 1 \* [01700] TB SKIN/SUBCUTAN-UNSPEC

**Additional Information**  
Provider Claim ID  
Batch No trainingt2

**Claim Services**  
☒ Service Line View ☐ Calendar View

Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason
		... clear				1	<input type="checkbox"/>	
Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason

1. The claims entry screen allows a user to toggle, “on the fly”, between the two views.



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## C. Service Authorization & Billing

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### Claims Entry

Welcome, Tommy Training

1/24/2010 8:20 PM

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

#### Authorization

Authorization \* 159507 ...

#### Vendor/Provider Information

Rendering Provider \* Training Agency  
 Service Type \* AAA \*  
 Vendor No \* TRAAGE  
 Name \* Training Agency  
 Tax ID \* 38-9999999  
 NPI \* HIS\_2955

#### Participant Information

Case No \* 72845 ...  
 Medicaid ID \* na  
 Last Name \* Mouse  
 First Name \* Mickey  
 Street \* 999 Telegraph  
 City \* Southfield  
 State \* Michigan  
 Zip \* 48034  
 Gender \* Male  
 Date of Birth \* 1/20/1922  
 SSN \* 111-22-5463

#### Diagnosis Information

Diagnosis 1 \* [01700] TB SKIN/SUBCUTAN-UNSPEC

#### Additional Information

Provider Claim ID  
 Batch No trainingt2

#### Claim Services

☒ Service Line View ☐ Calendar View

Start Date	End Date	Service	Units	Cost	Place of Service	Diagnosis	No Show	No Show Reason
<input type="text"/>	<input type="text"/>	<input type="text"/> ... Clear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 1 ...	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

2. The following fields need to be completed:

- Start Date** - Date of Service
- End Date** - Usually the same as the start date (date of service), except when service is a monthly unit (e.g. PERS). In that case, the start and end dates must span an entire month.
- Service** - The [...] button under Service pulls from the AuthService record. A search box will open, allowing you to select the service code you are billing for.

DialogVendorServiceSelectPopUp -- Web Page Dialog

Search By: Service Type Search Text: Search

ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	VServiceID	AuthService
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.50	15 mins	10/01/2007		06/06/2008	06/06/2009	2240	214

## C. Service Authorization & Billing

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Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	
			...				1		ADD
1/2/2009	1/2/2009	S5130		2	\$7.00	99	1		DELETE

Done Local intranet

- d. **Number of Units** – Enter how many units of service were delivered.
- e. **Cost, Place of Service** and **Diagnosis** will automatically populate when you TAB to the next field.
- f. When the claim information is entered, click **Add**. The service line will drop below. If a mistake was made, you can delete any service line from the claims entry screen by clicking the **Delete** button.



## Claims Entry

Welcome, Tanya, Training

4/16/2009 1

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

### Authorization

Authorization \* 140762 ...  
Auth No

### Vendor/Provider Information

Rendering Provider \* All Care, Inc. ...  
Service Type \* AAA ...  
Vendor No \* ALLCAR  
Name \* All Care, Inc.  
Tax ID \* 20-4737257

### Consumer Information

Case No \* 66547 ...  
Sec. ID \* NA  
Last Name \* Darwin  
First Name \* Richard  
Street \* 6456 Ford

3. Continue filling out and adding service lines, as necessary. Completing more than 20 service lines per claims entry screen can take a long time for the system to process. If submitting more than 20 claims per participant, it is recommended to split up claims amongst multiple service line claims entry screens or use the calendar view claims entry screen instead.
4. When all the desired service lines have been added, click **Submit Claims Entry** at the top of the window.

## Calendar Claims Entry

### Claim Services

☐ Service Line View ☒ Calendar View

Service \* ... Clear

Place of Service \*

Calendar Month July

Calendar Year 2009

Default Units

Update Calendar

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1. Click the radio button for Calendar View on the Claims Entry screen to display the calendar grid. This is the default view on the Claims Entry screen.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

**Claim Services**

☐ Service Line View  
☒ Calendar View

Service \*  ...

Place of Service \*

Calendar Month

Calendar Year

Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2. In the calendar view, select the **service** using the ellipsis [...] button. As with the service line view, the list of available services will be filtered by the authorization. Since the AAA 1-B currently uses only one **Place of Service**, it will auto-populate once the service code has been selected.

**Claim Services**

☐ Service Line View  
☒ Calendar View

Service \*  ...

Place of Service \*

Calendar Month

Calendar Year

Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

3. The calendar will automatically default to the previous month, but can be adjusted using either the left and right arrows on the calendar or the **Calendar month** and **Calendar year** drop down menus. If the dropdown menus are used, the **Update Calendar** button must be clicked to refresh the calendar (if desired, the user can wait to do this until the "Default Units" field has been completed).



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## C. Service Authorization & Billing

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**Claim Services**

☐ Service Line View  
☒ Calendar View

Service \*  ...

Place of Service \*

Calendar Month

Calendar Year

Default Units

July 2009						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
			3	3	3	3
5	6	7	8	9	10	11
3	3	3	3	3	3	3
12	13	14	15	16	17	18
3	3	3	3	3	3	3
19	20	21	22	23	24	25
3	3	3	3	3	3	3
26	27	28	29	30	31	
3	3	3	3	3	3	

- The number of units delivered each day can be entered by tabbing through the calendar grid and entering data for specific days or by defaulting every day of the month to a specified number of units.
- A tip from the vendor testing session: Make sure that the cursor is in a calendar day box before hitting the Backspace button (for example, if you want to Backspace to delete a default value in the calendar for a particular day). If the cursor is anywhere else on the page, an Internet Explorer shortcut will be triggered that is equivalent to hitting the Back button in the browser. The screen will go back to a blank claims entry screen.
- To default the entire month, enter the number of units per day in the **Default Units** box and click the **Update Calendar** button. The calendar will auto-populate each day with that value. Individual days then can be edited or deleted using the number keys in combination with the tab key or the mouse. For days of no service, leave the box blank. Entering 0 will result in a denied claim for that day.

**harmony**  
INFORMATION SYSTEMS, INC.

**Claims Entry**

Welcome, Tammy Training 4/16/2009 1

File - **Submit Claims Entry** - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**

Authorization \*  ...

Auth No

**Vendor/Provider Information**

Rendering Provider \*

Service Type \*  \*

Vendor No \*

Name \*

Tax ID \*

**Consumer Information**

Case No \*  ...

Sec. ID \*

Last Name \*

First Name \*

Street \*

- Once the calendar grid is filled out, submit the claim using the **Submit Claims Entry** or **Submit & Add Another Claims Entry** links at the top. The system will automatically generate a claim for each day of service.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

DialogVendorServiceSelectPopUp -- Webpage Dialog

http://test.aaa1bnetwork.com/AAA1B\_Test/Dialogs/DialogVendorServiceSelectPopUp.aspx?VendorID=557&AuthID=154414&AuthServiceID=0&StartDate=&EndDate=

Search By: Service Type Search Text: Search

ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	ServiceID	AuthServiceID
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/01/2009	07/15/2009	444	6323
5328	S5130	S5130	Homemaker service, nos; per 15 minutes	3.65	15 Mins	10/01/2008		07/20/2009	07/31/2009	444	6324

http://test.aaa1bnetwork.com/AAA1B\_Test/Dialogs/DialogVendorServiceSelectPopUp.aspx?VendorID=557&AuthID=154414&AuthServiceID=0&StartDate=&EndDate= Internet

8. **SPECIAL NOTE FOR CALENDAR CLAIMS ENTRY:** If an authorization contains multiple authorized services for the same service code, each for different date ranges, the user will need to complete the calendar for each authorized service. For example, if a participant is authorized for service code S5130 from 7/1/09 to 7/15/09 and again from 7/20/09 – 7/31/09 after a hospitalization, the user will need to complete one form for the first half of July and another for the last part of the month. As with the service line view, the system will block submission if dates of service fall outside of the range of the authorized service. This problem can be avoided by looking closely at the AuthService dates when you are about to select the Service in the Claim Services section.

## View Claims Submission Results

Change Role  
DSP Vendor Go

My Harmony

Quick Search  
Participating  
Participants Go  
Last Name  
Advanced Search

Participants  
Providers  
Claims  
Reports

Sign Out

harmony  
INFORMATION SYSTEMS INC.

Welcome, Tommy Training 4/16/2009 12:21 AM

File - Print

Consumers	Providers	Tasks
	Ticklers	My Management
6 Ticklers		Case Queue
	Cases	Current Active Cases
1 Open		Enrollments
	Referrals	Ticklers Due
5 Open		Event Ticklers
		Alert Notes
		My Claims
		Add a New Claim

1. To view submitted Claims, go to the **Claims** chapter.

## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

**Claim Advanced Search**

Welcome, Tommy Training 4/16/2009 1:06 AM

File - Add New Claim - Print

**Filter**

☒ Provider Name  Equal To  AND

☒ Submit Date  Greater Than  AND

☒ Submit Date  Less Than  AND

Claim ID

2. The Claims Advanced Search page will appear.

3. Search by submit date, or claim date, etc, to view any claims you have submitted.

**Claim Advanced Search**

Welcome, Tommy Training 4/16/2009 1:08 AM

File - Add New Claim - Print

**Filter**

☒ Submit Date  Equal To  4/16/2009 AND

Claim ID

1 Claim Advanced Search record(s) returned - now viewing 1 through 1

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1

<< First < Previous Retrieve 15 Records at a time Next > Last >>

4. Once filter search fields are filled in, click Search. Results will appear below the filter.

### Status

The status column of the claim will show if the claim has been approved or denied. Later this column will indicate if the claim has been paid. Status will remain approved until the information is exported into the accounting system. When this occurs the claims will read "PV Exported". Once the check is posted in the accounting system the status will read "Paid". Please note that a claim may not be voided and/or replaced when in PV Exported status.





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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17



### Claim Advanced Search

Welcome, Tommy Training

4/16/2009 1:08 AM

File - Add New Claim - Print

Filter

☒ Submit Date  Equal To  4/16/2009  AND

Claim ID

1 Claim Advanced Search record(s) returned - now viewing 1 through 1

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAINING1	1

5. View report from fly out menu, by selecting **Show Report**.

1 of 1 100% Find | Next Select a format Export

### Individual Claim Detail

Generated By: Tommy Training on 04/16/2009 01:14 AM

<b>Claim ID:</b> 463	<b>Submitter Claim ID:</b> 66547	<b>Status:</b> Approved	<b>Claim Source:</b> Direct	<b>Submit Date:</b> 4/16/2009	<b>Receipt Date:</b> 4/16/2009	<b>Worker:</b>	<b>Authorization:</b> 140762	<b>Auth No:</b>	
<b>Patient Information</b>			<b>Payer Information</b>						
<b>Case No:</b> 66547	<b>Name:</b> DARWIN, RICHARD	<b>Address:</b> 6456 FORD WATERFORD, MI 46575	<b>Phone:</b>	<b>Medicaid ID:</b> NA	<b>SSN:</b> 123412432	<b>DOB:</b> 1/1/1985	<b>Sex:</b> Male	<b>Marital:</b> Never Married/Single	
<b>Provider</b>			<b>Type</b>	<b>Address</b>	<b>Phone</b>	<b>Contact</b>			
All Care, Inc.			Rendering	11401 M-50 Brooklyn, MI 49230	(517)467-6227				
<b>Diagnosis ID</b>	<b>Diagnosis Code</b>	<b>Description</b>							
	450 29530								
<b>ServiceID</b>	<b>Service Code</b>	<b>Service Type</b>	<b>Location</b>	<b>Level of Care</b>	<b>Provider</b>	<b>Start Date</b>	<b>Unit Type</b>	<b>Units</b>	<b>Amount</b>
331	T1019	AAA	99			<b>End Date</b>	15 Mins	2.00	\$7.80
						4/4/2009			
						4/4/2009			
<b>Adjust Code</b>	<b>Description</b>	<b>Date</b>	<b>Adj Units</b>	<b>Adj Amount</b>			<b>MEDICAID</b>	<b>STATE /LOCAL</b>	
					<b>Index Code</b>	Medicaid			
					<b>Sub Object Code</b>	DSP			
					<b>Percent</b>	100.00 %			
<b>Remittance ID</b>	<b>Remit Status</b>	<b>Check No</b>	<b>Check Date</b>	<b>Units</b>	<b>Paid Amount</b>				
160	Processed as Primary			2.00	\$7.80	\$0.00 \$0.00			

6. Claim Detail report will appear.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

Auth No:										
Provider	Type	Address	Phone	Contact						
All Care, Inc.	Rendering	11401 M-50 Brooklyn, MI 49230	(517)467-6227							
Diagnosis ID	Diagnosis Code	Description								
451	29530									
ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Start Date	Unit Type	Units	Amount	
332	T1019	AAA	99			End Date	15 Mins	98.00	\$382.20	
						4/2/2009				
						4/2/2009				
Adjust Code	Description	Date	Adj Units	Adj Amount			MEDICAID	STATE / LOCAL		
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.	4/16/2009	98.00	\$382.20						
					Index Code	Medicaid				
					Sub Object Code	DSP				
					Percent	0.00 % 100.00 %				
Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount					
161	Denied			0.00	\$0.00					
Claim Adj ID	Reason Code	Description	Adjusted By	Date	Units	Adj Amount				
Rule That Denied Claim										
Rule Name	Rule Description									
Allowable Units per day exceeded for service with unit type 1/4hour	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.									
Claim Documents										
Document	Status	Doc Date	Code							

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Page 1 of

7. If a claim is denied, this report will show the reason why. In this case, a claim was submitted for 98 15-minute units in one day (there's not even that many minutes in a day).

### Void Claims

Claims submitted into the system can not be voided or replaced when the claims is in "submitted" status to the state. If claims need to be voided and/or replaced and it has been submitted to the state and the state has not responded, Vendors must wait for the states response and then complete the void. There is no notification for this process.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17



### Claim Advanced Search

Welcome, Tommy Training

4/16/2009 7:11 AM

File - Add New Claim - Print

Filter

☒ Submit Date
 Equal To
 4/16/2009
 AND
 Claim ID
 Add
 Search
 Reset

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAINING1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAINING	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

Show Report  
 Void Claim  
 Void & Replace  
 Resubmit Claim  
 Void Claim

- Vendors may void claims that you have already submitted.
- Search for the claim to void in the **Claims** chapter. Select **Void Claim** from the fly out menu.

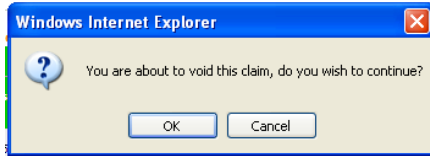


Advocacy • Action • Answers on Aging

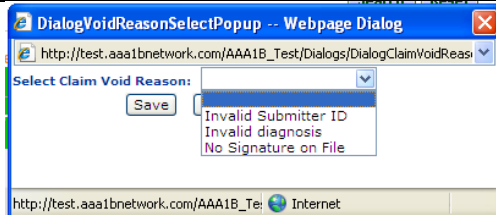
## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17




3. Vendors/Users will be prompted to confirm the voiding of the claim. Click **OK** to continue.



4. User will be prompted to select a reason for voiding the claim. Select an appropriate reason and click **Save**.



5. User will receive confirmation that the claim was voided. Click **OK**.



### Claim Advanced Search

Welcome, Tommy Training 4/16/2009 7:20 AM

File - Add New Claim - Print

**Filter**

X

Status

Begins With

void

AND

Claim ID

Add

Search

Reset

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8

<< First

< Previous

Retrieve 15

Next >

Last >>


6. Refresh the Claim Advanced Search screen by clicking Search again. Notice the original claim status has changed to void. A new claim also will be created to void the previous claim (Status = Voider).

## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

### Void & Replace Claims



**Claim Advanced Search**

Welcome, Tommy Training 4/16/2009 7:26 AM

File - Add New Claim - Print

Filter

Submit Date Equal To 4/16/2009 AND Claim ID Add Search Reset

4 Claim Advanced Search record(s) returned - now viewing 1 through 4

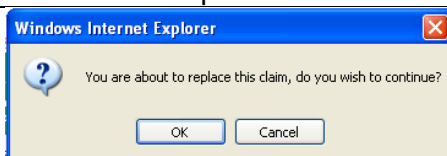
Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1

<< First < Previous Retrieve 15 Records at a time Next > Last >>

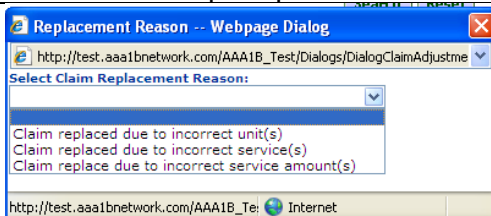
Context Menu:

- Show Report
- Void Claim
- Void & Replace**
- Resubmit Claim
- Void & Repl

1. If there is a need to void a claim and have a new claim submitted at the same time, void and replace is a convenient feature to use.
2. Select **Void & Replace** from the fly out menu on the **Claim Advanced Search** page of the **Claims** chapter.



3. User will be prompted to confirm the replacement of the claim with a new one. Click **OK**.



4. Select the appropriate Claim Replacement Reason & then click **Save**.

## C. Service Authorization & Billing

Issue Date: 3/27/07

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**Welcome, Training** 4/16/2009  
 File - **Submit Claims Entry** - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

---

**Authorization**

Authorization \*

Auth No

---

**Vendor/Provider Information**

Rendering Provider \*

Service Type \*  \*

Vendor No \*

Name \*

Tax ID \*

NPI \*

---

**Participant Information**

Case No \*

Medicaid ID \*

Last Name \*

First Name \*

Street \*

City \*

State \*

Zip \*

Gender \*

Date of Birth \*

SSN \*

---

**Diagnosis Information**

Diagnosis 1 \*

Diagnosis 2

---

**Additional Information**

Provider Claim ID

Batch No

---

**Claim Services**

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
<input type="text" value="04/05/2009"/>	<input type="text" value="04/05/2009"/>	<input type="text" value="T1019"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="\$7.80"/>	<input type="text" value="Unknown"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

5. A claims entry screen will open, populated with the information from the claim that you selected to void & replace. Edit the Claim Services information to correct the error (i.e., change the date or units). When satisfied with the replacement claim, click **Submit Claims Entry**.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

### Claim Advanced Search

Welcome, Tommy Training

4/16/2009 7:34 AM

File - Add New Claim - Print

#### Filter

☒ Submit Date Equal To 4/16/2009 AND  
 Add

6 Claim Advanced Search record(s) returned - now viewing 1 through 6

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1
467	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT3	8
468	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$11.70	\$11.70	TRAININGT3	1

<< First < Previous Retrieve 15 Records at a time Next >> Last >>>

- Refresh the **Claim Advanced Search** screen by clicking **Search** again. Notice the original claim status has changed to void. There also is a new claim created to void the previous claim (status = voider). User also will see the new claim that was submitted.

### Resubmit Denied Claims

### Claim Advanced Search

Welcome, Tommy Training

4/16/2009 7:38 AM

File - Add New Claim - Print

#### Filter

☒ Status Equal To Denied AND  
 Add

1 Claim Advanced Search record(s) returned - now viewing 1 through 1

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1

<< First < Previous Retrieve 15 Records at a time Next >> Last >>>

Show Report  
Void Claim  
Void & Replace  
Resubmit Claim

- If a claim is denied, it cannot be voided. The claim must be resubmitted.
- Select **Resubmit Claim** from the fly out menu on the **Claim Advanced Search** page of the **Claims** chapter.

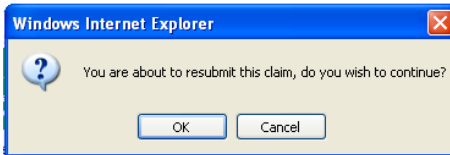


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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17



3. User will be prompted to confirm the resubmission of the claim. Click **OK**.

Welcome, Tommy Training 4/16/2009

File **Submit Claims Entry** - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**

Authorization \* 140762

Auth No

**Vendor/Provider Information**

Rendering Provider \* All Care, Inc.

Service Type \* AAA

Vendor No \* ALLCAR

Name \* All Care, Inc.

Tax ID \* 20-4737257

NPI \* HIS\_230

**Participant Information**

Case No \* 66547

Medicaid ID \* NA

Last Name \* Darwin

First Name \* Richard

Street \* 6456 Ford

City \* Waterford

State \* Michigan

Zip \* 46575

Gender \* Male

Date of Birth \* 1/1/1985 12:00:00 A

SSN \* 123-41-2432

**Diagnosis Information**

Diagnosis 1 \* [29530] Schizophrenia, Paranoid Type

Diagnosis 2

**Additional Information**

Provider Claim ID

Batch No TRAININGT2

**Claim Services**

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
04/02/2009	04/02/2009	T1019		98	\$382.20	Unknown	1			

4. A Claim Entry screen will open, populated with the information from the denied claim. Edit the Claim Services information to ensure that the new claim will be approved (i.e., change start and end date or units). When done, click **Submit Claims Entry**.





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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

Welcome, Tommy Training

4/16/2009 7:43 AM

File - Add New Claim - Print

**Filter**

☒ Submit Date  Equal To  4/16/2009  AND

Claim ID

7 Claim Advanced Search record(s) returned - now viewing 1 through 7

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
463	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT1	1
464	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Denied	Denied	04/16/2009	\$382.20	\$0.00	TRAININGT2	1
465	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT1	8
466	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voided	Processed as Primary	04/16/2009	\$7.80	\$7.80	TRAININGT3	1
467	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Voider	Reversal of Previous Payment	04/16/2009	(\$7.80)	(\$7.80)	TRAININGT3	8
468	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$11.70	\$11.70	TRAININGT3	1
469	66547	66547	DARWIN	All Care, Inc.	04/16/2009		AAA	Approved	Processed as Primary	04/16/2009	\$15.60	\$15.60	TRAININGT2	1

<< First < Previous Retrieve 15 Records at a time Next >> Last >>

- By refreshing the **Claim Advanced Search** screen by clicking **Search** again, notice a new claim matching the information that was resubmitted.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

### Submitting Missed Visit/No Show Reasons

**NOTE:** Anytime service is not provided, a missed visit reason must be entered. This is a requirement of MDHHS and of doing business with AAA 1-B.

Welcome, Tommy Training 4/16/2009 7:00 AM

Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

**Authorization**

Authorization \* 140762 ...

Auth No

**Vendor/Provider Information**

Rendering Provider \* All Care, Inc. v

Service Type \* AAA v \*

Vendor No \* ALLCAR

Name \* All Care, Inc.

Tax ID \* 20-4737257

UPI \* HIS\_230

**Participant Information**

Case No \* 66547 ...

Medicaid ID \* NA

Last Name \* Darwin

First Name \* Richard

Street \* 6456 Ford

City \* Waterford

State \* Michigan

Zip \* 46575

Gender \* Male

Date of Birth \* 1/1/1985

SSN \* 123-41-2432

**Diagnosis Information**

Diagnosis 1 \* [29530] Schizophrenia, Paranoid Type

**Additional Information**

Provider Claim ID

Batch No trainingt4

**Claim Services**

Start Date	End Date	Service	Modifier	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
4/6/2009	4/6/2009	T1019	Clear	0	\$0.00	Unknown	1		<input checked="" type="checkbox"/>	

Start Date \* End Date \* Service \* Modifiers Units \* Cost \* Place of Service \* Diagnosis \* Provider \* No Show \* No Show Reason

Vendor/Worker Not Available  
Vendor/Worker Sick  
Vendor/Worker Out of State  
Vendor/Worker Injured  
Vendor/Worker Not Available  
Participant Not Available  
Participant Cancelled  
Participant Sick  
Participant Hospitalized  
Participant Nursing Home  
Participant Deceased  
Participant Refused  
Participant Si

1. Submit vendor and participant no show reasons using the claims entry functionality.
2. Follow steps 2-7 in the Claims Entry Instructions above.
3. On the Claims Services line, enter the **date** of service missed. Enter 0 **units** delivered. Check the **No Show** checkbox. Select the appropriate **No Show reason**.



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## C. Service Authorization & Billing

Issue Date: 3/27/07

Rev Date: 2/28/17

**Tommy Training** 4/16/2009 7:51 AM

Init Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization

Authorization \* 140762 ...

Provider Information

Rendering Provider \* All Care, Inc. v

Service Type \* AAA v \*

Vendor No \* ALLCAR

Name \* All Care, Inc.

Tax ID \* 20-4737257

NPI \* HIS\_230

Participant Information

Case No \* 66547 ...

Medicaid ID \* NA

Last Name \* Darwin

First Name \* Richard

Street \* 6456 Ford

City \* Waterford

State \* Michigan

Zip \* 46575

Gender \* Male

Date of Birth \* 1/1/1985

SSN \* 123-41-2432

Diagnosis Information

Diagnosis 1 \* [29530] Schizophrenia, Paranoid Type

Additional Information

Provider Claim ID

Batch No trainingt4

Services

Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason	
9	4/6/2009	T1019	...	0	\$0.00	Unknown	1		<input checked="" type="checkbox"/>	Participant S	<b>ADD</b>

4. Click **Add** to add the service to the claim:

**harmony** INFORMATION SYSTEMS, INC. Claims Entry

**Welcome, Tommy Training** 4/16/2009

File - Submit Claims Entry - Spell Check - Submit & Add Another Claims Entry - Print - Close Claims Entry

Authorization

Authorization \* 140762 ...

Auth No

Vendor/Provider Information

Rendering Provider \* All Care, Inc. v

Service Type \* AAA v \*

Vendor No \* ALLCAR

Name \* All Care, Inc.

Tax ID \* 20-4737257

NPI \* HIS\_230

Participant Information

Case No \* 66547 ...

Medicaid ID \* NA

Last Name \* Darwin

First Name \* Richard

Street \* 6456 Ford

City \* Waterford

State \* Michigan

Zip \* 46575

Gender \* Male

Date of Birth \* 1/1/1985

SSN \* 123-41-2432

Diagnosis Information

Diagnosis 1 \* [29530] Schizophrenia, Paranoid Type

Additional Information

Provider Claim ID

Batch No trainingt4

Claim Services

Start Date	End Date	Service	Modifiers	Units	Cost	Place of Service	Diagnosis	Provider	No Show	No Show Reason
------------	----------	---------	-----------	-------	------	------------------	-----------	----------	---------	----------------

5. Submit Claims Entry.

## C. Service Authorization & Billing

Issue Date: 3/27/07

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**harmony** INFORMATION SYSTEMS, INC. **Claim Advanced Search**

Welcome, Tommy Training 4/16/2009 7:58 AM

File - Add New Claim - Print

**Filter**

☒ Status  Equal To  Denied  AND

Claim ID

2 Claim Advanced Search record(s) returned - now viewing 1 through 2

Claim ID	Submitter Claim ID	Case No	Consumer Last Name	Provider Name	Submit Date	Provider Identifier	Fund Code	Status	Remittance Status	Remittance Date	Claim Amount	Paid Amount	Batch No	Frequency Type
470	66547	66547	DARWIN	All Care, Inc.	04/16/2009	AAA	Denied	Denied	04/16/2009	\$0.00	\$0.00	TRAININGT4	1	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

6. By going to the **Claims** chapter and searching for claims submitted, the user can see the no show claim that was submitted. The status is “denied” because there is no payment made. However, the no show reason has been submitted successfully.

1 of 1 100% Find | Next Select a format Export

Worker: Authorization: 140762 Phone: Marital: Never Married/Single

Auth No:

Provider	Type	Address	Phone	Contact
All Care, Inc.	Rendering	11401 M-50 Brooklyn, MI 49230	(517)467-6227	

Diagnosis ID	Diagnosis Code	Description
457	29530	

ServiceID	Service Code	Service Type	Location	Level of Care	Provider	Start Date	Unit Type	Units	Amount
338	T1019	AAA	99			End Date	15 Mins	0.00	\$0.00
						4/6/2009			
						4/6/2009			

Adjust Code	Description	Date	Adj Units	Adj Amount
115	Procedure postponed, canceled, or delayed.	4/16/2009	0.00	\$0.00

Remittance ID	Remit Status	Check No	Check Date	Units	Paid Amount
167	Denied			0.00	\$0.00

Claim Adj ID	Reason Code	Description	Adjusted By	Date	Units	Adj Amount

Rule Name	Rule Description
No Show	Denied due to missed appointment.

Document	Status	Doc Date	Code

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7. By selecting View Report from the fly out menu, users can see that the reason the claim was denied was because of the no show information.



C. Service Authorization & Billing	
Issue Date: 3/27/07	Rev Date: 2/28/17

## **V. 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. Vendor Grievances
- IV. Critical Complaint & Incident Report (CCIR)
- V. AAA 1-B Corrective Action Plan (CAP)



## **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.



<b>D. Quality Assurance Activities</b>	
Issue Date: 3/27/07	Rev Date: 2/28/17

- 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. (See Section F. Vendor Enrollment Process for more details.)

4. **Harmony Payment Verification**

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

## **D. Quality Assurance Activities**

Issue Date: 3/27/07

Rev Date: 2/28/17

*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

## **D. Quality Assurance Activities**

Issue Date: 3/27/07

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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

<b>D. Quality Assurance Activities</b>	
Issue Date: 3/27/07	Rev Date: 2/28/17

- 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 Network Development department and agency quality assurance.
  6. Vendors receive written notification of all 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.

#### **IV. AAA 1-B Corrective Action Plan (CAP)**

Corrective Action Plan form follows.



Date Received by AAA 1-B: \_\_\_\_\_

## AAA 1-B Corrective Action Plan (CAP)

**Instructions:** This form is to be used if the contractor and/or vendor require corrective action. Corrective action is needed if the contractor/vendor is not in compliance with the terms and conditions of the contract or agreement. This report is to be completed and mutually agreed upon by both the program monitor and contractor/vendor.

*This section to be completed by AAA 1-B Contract Manager*

Which type of AAA 1-B agreement does this apply to? ☐ Contractor ☒ Vendor/DSP ☐ Both

Provider Agency: \_\_\_\_\_ Contract #: \_\_\_\_\_

Program/Service: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Contract/DSP Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date the Corrective Action Plan is due to Contract/DSP Manager (*10 business days after issue date*): \_\_\_\_\_

Reason for request and section of Contract/DSP policy out of compliance: \_\_\_\_\_

**NOTICE OF PROBATION OR SUSPENSION:** The request for a CAP may be notice of the contract or vendor being placed on probationary or suspension status. In compliance with the AAA 1-B Contractor and Vendor Probation, Suspension and Termination policies, a contractor/vendor may be placed on further disciplinary action (including Probation, Suspension or Termination) if a CAP is not completed by the due date or the contract/DSP manager determines the CAP to be unsatisfactory. The full policies can be reviewed in the AAA 1-B RFP Reporting Manual and the DSP Manual, available at [www.aaa1b.com](http://www.aaa1b.com).

This contract/vendor agreement is being placed on:

☐ CAP without Probation or Suspension ☐ Probation with CAP ☐ Suspension with CAP\*

\*The AAA 1-B Board of Directors review required prior to contract suspension. Date of Review: \_\_\_\_\_

Board of Director Comments: \_\_\_\_\_

*This section to be completed by the contractor or vendor agency*

Name & title of person completing form: \_\_\_\_\_ Date completed: \_\_\_\_\_

Person(s) responsible for implementing plan: \_\_\_\_\_

*Continued on next page*

AAA 1-B staff and/or provider may attach additional pages as needed.

### AAA 1-B Corrective Action Plan (CAP)

Explain why non-compliance occurred.

Provide a detailed description of activities that will assist contractor to reach contract compliance. Activities must be specific and measurable.

Provide a timeline for the activities or tasks planned to address corrective action.

Contractor/Vendor Comments:

**I hereby certify that this Corrective Action Plan has been mutually agreed upon by both parties.**

\_\_\_\_\_  
AAA 1-B Program Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor/Vendor Signature

\_\_\_\_\_  
Date

AAA 1-B staff and/or provider may attach additional pages as needed.

## **E. 3-YEAR BID AGREEMENT GUIDELINES**

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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

<b>E. 3-Year Bid Agreement Service Guidelines</b>	
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Issue Date: 10/1/11	Rev Date: 2/28/17
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## **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

<b>E. 3-Year Bid Agreement Service Guidelines</b>	
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arrangements. Any requests to serve only a portion of a county must be reviewed and approved by the AAA 1-B.

#### **IV. Travel Premium**

1. Vendor agencies may be authorized to provide service in a difficult to serve area of the 1-B region. A travel premium of \$10.00 per day, based on the average number of days a participant receives service within one week, will be added when the services are authorized in the AAA 1-B designated hard-to-serve areas, which include:
  - i. Milan, Ottawa Lake & Petersburg (Monroe county)
  - ii. Allenton, Harsen's Island, Capac & Yale (St. Clair county)
  - iii. Armada, Ray Twp (Macomb county)
  - iv. Highland, Leonard (Oakland county)
2. The AAA 1-B may identify additional hard-to-serve areas and expand the list of approved travel premium areas as identified above. Vendors will be notified of such changes via a memo from the AAA 1-B.
3. Travel premium rates apply only to CLPS, CLS, In-Home Respite, Nursing Services, Private Duty Nursing and Medication Management.
4. The travel premium does not apply and will not be authorized for direct care workers employed under the Agency with Choice/Umbrella Agency arrangement.

#### **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

<b>E. 3-Year Bid Agreement Service Guidelines</b>	
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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

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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.

## **F. VENDOR ENROLLMENT PROCESS**

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- I. General Selection & Bid Approval- All Applicants
- II. Application Instructions
- III. Application Materials
  - a. Instructions
  - a. Application Checklist
  - b. Vendor Enrollment Forms & Assurances
  - c. Business Associate Agreement
  - d. Policies and Procedures Checklist

## **F. Vendor Enrollment Process**

Issue Date: 3/27/07

Rev Date: 07/27/15

### **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.

## **F. Vendor Enrollment Process**

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- 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](http://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. (See Section B for additional information.)

### **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.

## **F. Vendor Enrollment Process**

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3. Agencies applying for Environmental Accessibility Adaptation, Specialized Medical Equipment and Supplies, or Licensed (AFC/HFA) and Unlicensed Assisted Living Facilities, see Section G for additional enrollment documents and specific bid agreements.
4. 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](http://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,



## **F. Vendor Enrollment Process**

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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. Assurances**

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. (See form on page B-10.)
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

<b>F. Vendor Enrollment Process</b>	
Issue Date: 3/27/07	Rev Date: 07/27/15

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.

**III. Application Materials Follow:**

- a. Application Checklist
- b. Vendor Enrollment Forms & Assurances
- c. Business Associate Agreement
- d. Policies and Procedures Checklist

## B. Vendor Enrollment Process

Issue Date: 3/27/07

Rev Date: 10/1/13

**Agency Name:** \_\_\_\_\_

### **Application Checklist: Please return this checklist with application documents**

- ☐ A copy of Articles of Incorporation (*Department of Labor & Economic Growth*)
- ☐ Original Certificate(s) of Insurance – See Section H
- ☐ Completed Bid Agreement Form(s)
- ☐ Original signed Subcontracting Agreement(s) (*Adult Day Health Services*)
- ☐ Bid Agreement Addendums (*Licensed & Unlicensed Assisted Living*)
- ☐ Completed and signed Assurance of Compliance with Service Standards Form
- ☐ Completed and signed Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended Form
- ☐ Completed and signed Assurance of Compliance with the Department of Health, Education, & Welfare Regulation under Title VI of the Civil Rights Act of 1964, Michigan Handicappers Civil Right Act of 1976, Elliott-Larson Civil Rights Act of 1976 Form
- ☐ Completed and signed Suspended/Debarred Declaration Form
- ☐ Signed Medical Assistance Provider Enrollment Agreement Form
- ☐ Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement Form
- ☐ Policies and Procedures Review Checklist and all required documentation
- ☐ Documentation or Proof of Licensure (*if necessary relating to Nursing and/or Counseling Services, UL Certification, Adult Foster Care (AFC), or Home for the Aged (HFA) license*)
- ☐ Documentation of Owner/President Background/Qualifications
- ☐ Service Provision Form or a Matrix [*For Adult Day Health Service (ADHS), and AFC/HFA facilities only – See Appendices Section H*]
- ☐ Signed statement that employees are not subcontracted (*Unless otherwise approved by the AAA 1-B*)
- ☐ Copy of facility license (*AFC or HFA only*)
- ☐ High-speed internet access is required (*electronic billing is a requirement to do business with the AAA 1-B*)

Authorized and original signatures are required on all application documents as specified. Send completed applications to:

Area Agency on Aging 1-B  
Program Manager, DSP  
29100 Northwestern Highway, Suite 400  
Southfield, MI 48034

\_\_\_\_\_  
Vendor Signature & Date

\_\_\_\_\_  
AAA 1-B Signature & Date

**AREA AGENCY ON AGING 1-B  
ASSURANCE OF COMPLIANCE WITH OPERATING AND SERVICE  
STANDARDS**

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Any service purchased by the Area Agency on Aging 1-B (AAA 1-B) must be in compliance with appropriate standards of the Michigan Department of Health and Human Services (MDHHS), Michigan Aging and Adult Services Agency (AASA) and the AAA 1-B. This includes service definitions, unit definitions, and service standards for operation, as contained in appropriate sections of the AAA 1-B DSP Manual, except for specific standards for which compliance has been waived by the AAA 1-B according to prescribed policy waiver procedures.

I hereby enter this assurance of compliance.

\_\_\_\_\_, (herein called the DSP Vendor Agency),

**HEREBY ASSURES** that persons involved in implementing the proposed bid agreement have read the AASA and AAA 1-B service standards including the general standards, and specific standards for each of the services for which funds are being requested.

**FURTHERMORE**, the DSP Vendor Agency assures that it is completely in compliance with all standards for the following services: *(List all AAA 1-B defined services for which funding is requested, see Service Standards in Section D.)*

_____	_____
_____	_____
_____	_____

This assurance is given in consideration of and for the purpose of obtaining federal or state funds, from the AAA 1-B. The DSP Vendor Agency recognizes and agrees that any approved financial reimbursement will be extended based on agreements made in this assurance and that the AAA 1-B shall have the right to seek enforcement of this assurance.

This assurance is binding on the DSP Vendor Agency, its successors, transferees, and assignees.

\_\_\_\_\_  
DSP Vendor Agency Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## AREA AGENCY ON AGING 1-B (AAA 1-B)

### MICHIGAN AGING AND ADULT SERVICES AGENCY Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

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The undersigned recipient of funds from the Michigan Commission and Michigan Aging and Adult Services Agency (hereinafter called the "recipient") HEREBY AGREE THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29. U.S.C. 794), all requirements imposed by the applicable HHS regulations (45.C.F.R. Part 84), and all guidelines and interpretations issues pursuant thereto.

Pursuant to 84.5(a) of the regulation (45.C.F.R. 84.5(a)) the recipient gives this assurance in consideration of and for the purpose of obtaining any and all grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other financial assistance extended by the Michigan Aging and Adult Services Agency after the date of this assurance, including payments or other assistance made after such date on applications for financial assistance that were approved before such date. The recipient recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the Michigan Aging and Adult Services Agency will have the right to enforce this assurance through lawful means. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

This assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Michigan Aging and Adult Services Agency or, where the assistance is in the form of real or personal property for the period provided for in 84.5(b) of the regulation (45.C.F.R.84.5(b)).

---

Contractor/DSP Vendor Agency Name

---

President, Chairperson of Board, or Comparable Official

---

Agency Address

---

Title

---

City/State/Zip

---

Date

---

Signature

## AREA AGENCY ON AGING 1-B (AAA 1-B)

### **Assurance of Compliance with the Department of Health, Education, & Welfare Regulation Under Title VI of the Civil Rights Act of 1964, Michigan Handicappers Civil Rights Act of 1976, Elliott-Larsen Civil Rights Act of 1976**

---

The DSP Vendor Agency NAMED BELOW HEREBY AGREES THAT it will comply with Title VI of the Civic Rights Act of 1964 (P.A. 453, Section 209) and will comply with requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR, Part 80) issued pursuant to that Title to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the DSP Vendor Agency receives federal or state financial assistance from the Area Agency on Aging 1-B, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal or State financial assistance extended to the DSP Vendor Agency, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which said property or structure is used for a purpose for which the Federal or State financial assistance is extended. This Assurance further certifies that the applicant agency has no commitments or obligations which are inconsistent with compliance of these and any other pertinent Federal or State regulations and policies, and that any other agency, organization or party which participates in this project shall have no such commitments or obligations, and all activities shall not run counter to the purpose and intent of this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal or State grants, loans, contracts, property, discounts or other Federal or State financial assistance extended after the date hereof to the DSP Vendor Agency by the AAA 1-B, including installment payments after such date on account of applications for Federal or State financial assistance which were approved before such date. The DSP Vendor Agency recognizes and agrees that such Federal or State financial assistance will be extended in reliance on the representations and agreements made in this Assurance, that the AAA 1-B or the United States or both shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the DSP Vendor Agency, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the DSP Vendor Agency.

---

Contractor/DSP Vendor Agency Name

---

President, Chairperson of Board, or Comparable Official

---

Agency Address

---

Title

---

City/State/Zip

---

Date

---

Signature

# AREA AGENCY ON AGING 1-B

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## Suspended / Debarred Declaration

The Area Agency on Aging 1-B (AAA 1-B), a non-federal entity, is prohibited from contracting or making sub-awards to parties that are suspended or debarred, or whose principals are suspended or debarred, from receiving federal funds. Please confirm for AAA 1-B that your company/agency:

1. Is not suspended or debarred, or the principals and/or affiliates of your company/agency are not suspended, debarred or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in no-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.;
2. Have not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) within commission of any of the offenses enumerated in section 2, and';
4. Have not within a three-year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default.
5. Are not excluded from participation in Federal health care programs under either section 1128 or 1128A of the Social Security Act.

By completing the statement below, I certify that the company/agency and its principals and/or affiliates **ARE NOT** suspended or debarred from receiving federal funds nor have had any of the situations identified above.

\_\_\_\_\_  
Company/Agency Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Signature of Responsible Agent

\_\_\_\_\_  
Date

**AREA AGENCY ON AGING 1-B  
Direct Service Purchase Information  
THREE YEAR BID AGREEMENT & AMENDMENT**

Community Living Program Services(CLPS), Homemaking, In Home Respite, Personal Care.

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**VENDOR INFORMATION**

Agency Full Name:

Address, City, Zip:

Telephone:

Fax:

Federal ID Number:

Administrator/President:

Email:

Contact Person to Request Services:

Type of Agency:    ☐ Public    ☐ Private Non-Profit    ☐ Private For-Profit    ☐ Minority Agency  
                                  ☐ Woman-Owned Agency    ☐ Owned by a Person with a Disability

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**BACKGROUND**

Three year bid approved application on file documents mission of the agency, history of providing the proposed service, and number/qualifications of staff available to provide service.

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**BIDDING INFORMATION**

SERVICE: CLPS, Homemaking, Personal Care, In Home Respite

UNIT RATE:

Expenses covered by unit rate:

Capacity (Units per Week):

Geographic Boundaries of Service Area: (County Specific)

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***Vendors MUST give 30 days written notice of intent to terminate from the AAA 1-B Vendor Pool.***

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☐ **Check this box:** To authorize this bid to include mileage reimbursement for errand running/transportation associated with CLPS services. Mileage will be authorized at \$0.45 per mile. By checking this box, you agree to comply with the standards specific to errand running/transportation in the CLPS definition.

**CERTIFICATION**

\_\_\_\_\_  
Vendor: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date

\_\_\_\_\_  
AAA 1-B: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date



# MEDICAL ASSISTANCE PROVIDER ENROLLMENT & TRADING PARTNER AGREEMENT

<b>PROVIDER/APPLICANT INFORMATION:</b>			
1. APPLICANT NAME:		2. FEDERAL TAX/EIN NO. (PROOF REQUIRED):	
3. EMPLOYER NAME			
4. THIS BUSINESS IS : <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> 501C3 <input type="checkbox"/> GOVERNMENT			
<b>SERVICE/PRACTICE ADDRESS: (REQUIRED)</b>			
5. ADDRESS (NO., STREET, AND SUITE NO.)		6. P.O. Box	
7. CITY	8. STATE	9. ZIP CODE	10. COUNTY
11. BUSINESS PHONE NO. (   )			12. E-MAIL ADDRESS
<b>IMPORTANT: FACSIMILE SIGNATURES WILL NOT BE ACCEPTED</b>			
13. <b>CRIMINAL CONVICTIONS RELATING TO THE TITLE XVIII, TITLE XIX, OR TITLE XX; TITLE V, TITLE XXI:</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, SEE INSTRUCTIONS.)			
14. SIGNATURE OF APPLICANT		15. DATE SIGNED	
ANYONE EMPLOYING THE "APPLICANT" (SEE BOX 1) WHO IS THE EMPLOYER/OWNER OF THE BUSINESS LISTED IN BOX 3 MUST ALSO SIGN THIS AGREEMENT.			
16. EMPLOYER/OWNER OR AGENT NAME (PRINT)		17. EMPLOYER/OWNER OR AGENT TITLE (PRESIDENT, OWNER, MANAGER, ETC.)	
18. EMPLOYER/OWNER OR AGENT SIGNATURE (SEE INSTRUCTIONS)		19. DATE SIGNED	20. EMPLOYER/OWNER OR AGENT TELEPHONE NUMBER  (   )

## Policies and Procedures Review Checklist Required for Vendors Updated: October 2015

**Vendor Agency Name:** \_\_\_\_\_

Please submit the following documentation to the appropriate AAA 1-B Manager by the requested due date. See Section C: General Standards for vendors for more details regarding the policy requirements. **Submit only policies requested on the checklist. Policies over and above this check list should not be submitted.** Key: Out-of-Home Respite (OHR); Unlicensed Assisted Living (UAL); Adult Foster Care/Home for the Aged (AFC/HFA)

### **I. PARTICIPANT RECORDS**

1. Written procedures indicating:
  - a. ☐ How confidential participant information is protected (paper and electronic)
  - b. ☐ How participants being served by the bid agreement are identified
  - c. ☐ How files are maintained
  - d. ☐ That records are retained for at least 10 years
  - e. ☐ How personal items are checked in/checked out (**OHR only**)
  - f. ☐ How medications are checked in/checked out (**OHR only**)

Comments: \_\_\_\_\_

2. Written documentation that indicates the AAA 1-B participant/worker log sheet contains the following (see policy for exceptions):
  - a. ☐ Identification that the participant is being served through the AAA 1-B bid
  - b. ☐ Date of service
  - c. ☐ Time in/time out/total hours worked (**not applicable for AFC/HFA**)
  - d. ☐ A summary or log of services and tasks performed
  - e. ☐ The participant's signature
  - f. ☐ The worker's signature
  - g. ☐ Progress notes (worker's observation)
  - h. ☐ Telephony documentation policy, as appropriate
  - i. ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### **II. SOLICITATION**

1. Written 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 the acceptance of any belief or philosophy

Comments: \_\_\_\_\_

**III. REFERRAL AND COORDINATION PROCEDURES**  
**REPORTING ABUSE, NEGLECT, EXPLOITATION, AND AT RISK PARTICIPANTS**

1. The vendor has a written corporate policy for:
- a. ☐ Monitoring and reporting suspected abuse, neglect, and exploitation of AAA 1-B participants.
  - b. ☐ Making the necessary referrals to Adult Protective Services (APS) at 855-444-3911.
  - c. ☐ For informing the Community Support Services (CSS) staff when a referral has been made.

Comments: \_\_\_\_\_

2. The vendor's corporate policy as mentioned above will also include notifying CSS Supports Coordinators of other at-risk situations such as:
- a. ☐ Structural damage
  - b. ☐ Unsanitary environment
  - c. ☐ Noncompliance with medical care
  - d. ☐ Absence of scheduled services (placing the participant in a vulnerable state by compromising his/her health and welfare)

Comments: \_\_\_\_\_

**IV. EMERGENCY RESPONSE/ACCIDENT AND INCIDENT REPORTS**

1. Written procedures to make arrangements for the availability of services in weather-related or other participant emergencies. Minimally, the written procedures shall include:
- a. ☐ Notifying the AAA 1-B if services are not available due to weather related or other emergencies by calling 1-800-852-7795
  - b. ☐ Contacting participants regarding scheduling/rescheduling or cancellation
  - c. ☐ Verifying participant's health and safety status in the event services cannot be delivered
  - d. ☐ Verifying if the AAA 1-B emergency plan should be activated
  - e. ☐ Informing police or 911 if participant is in jeopardy
  - f. ☐ Instructing workers to report any change in participant's condition or environment, or other emergency to their supervisor promptly
  - g. ☐ Identifying the process used by workers to contact their supervisor
  - h. ☐ Instructing supervisors to contact the AAA 1-B Supports Coordinator to report any change in participant's condition
  - i. ☐ Instructing/training workers on how to document and report accidents that occur to their supervisor and AAA 1-B Supports Coordinator which includes a description, date, and time of the incident
  - j. ☐ Instructing workers to remain with the participant in the event of an emergency until assistance arrives, and to not transport the participant in the worker's personal vehicle.

Comments: \_\_\_\_\_

2. Emergency Disaster Plan (AFCs/HFA only)
- ☐ Yes    ☐ No

**V. PERSONNEL**

1. Submit the following:
- a. ☐ An organizational chart to identify the lines of authority
  - b. ☐ Written I-9 policy
  - c. ☐ Written policy for documenting and verifying at least two references

- d. ☐ Written policy for conducting criminal history screening for all employees and volunteers who enter participant homes or perform personal care services
- e. ☐ Written policy for drug testing
- f. ☐ Menu planning policy (**OHR, AFC/HFA**)
- g. ☐ Sample menu rotation (**OHR, AFC/HFA**)
- h. ☐ Copy of recent County Health Department inspection report (**OHR**)
- i. ☐ Current food service license (**OHR, AFC/HFA**)
- j. ☐ Food service manager certification (**OHR, AFC/HFA**)
- k. ☐ Fire safety inspection report (**OHR, AFC/HFA**)
- l. ☐ Documentation of compliance with other applicable local, state, and federal food and/or nutrition standards

Comments: \_\_\_\_\_

## VI. **ORIENTATION**

(See Section C for details)

1. Provide evidence of a documented orientation, which includes:
  - a. ☐ Review of service delivery techniques
  - b. ☐ Observation of new staff performing service activities
  - c. ☐ Reporting requirements
  - d. ☐ Working with disabled individuals
  - e. ☐ Introduction to AAA 1-B program, MI Choice, OSA and the aging network
  - f. ☐ Overview of the aging process
  - g. ☐ Code of conduct protocols and ethics
  - h. ☐ Emergency procedures and protocols
  - i. ☐ Universal Precautions
  - j. ☐ Advanced Directives and DNR's (**Except UAL**)
  - k. ☐ Training provided for assistance with Activities of Daily Living (ADLs) (i.e. personal care, showers, meals, feeding, and ambulation) (**OHR, AFC/HFA only**)
  - l. ☐ Training provided for Safety and Body Mechanics (**OHR, AFC/HFA only**)
  - m. ☐ Training provided for Medication Management (**OHR, AFC/HFA only**)

Comments: \_\_\_\_\_

## VII. **MEDICATION POLICIES/PROCEDURES (where applicable)**

(See Section C for detailed requirements)

1. If providing medication management, administration, reminders or assistance with medications submit:
  - a. ☐ Policy
  - b. ☐ Procedure
  - c. ☐ Training/testing documentation
  - d. ☐ Demonstration of safe practice documentation

Comments: \_\_\_\_\_

## VIII. **IN-SERVICE TRAINING**

1. Provide evidence (written policy and two (2) year schedule) that documents that direct care staff have received at least two in-service trainings per year, which covers topics:
  - a. ☐ Safety
  - b. ☐ Sanitation
  - c. ☐ Emergency procedures

- d. ☐ Body mechanics
- e. ☐ Universal precautions
- f. ☐ Household management
- g. ☐ Advanced Directives and Do Not Resuscitate (DNR)
- i. ☐ Identifying and reporting abuse, neglect and exploitation

Comments: \_\_\_\_\_

2. Provide the AAA 1-B with the documentation used to monitor and log employee attendance at training sessions verifying that it contains:
  - a. ☐ Training date
  - b. ☐ Training topic
  - c. ☐ Attendance
  - d. ☐ Length of Training

Comments: \_\_\_\_\_

## **IX. SUPERVISORY VISITS**

1. Provide a sample of the form used for conducting supervisory visits which contains:
  - a. ☐ Date of supervision
  - b. ☐ Place of supervision
  - c. ☐ Name of participant
  - d. ☐ Name of worker
  - e. ☐ Skills/tasks observed
  - f. ☐ Level of competence
  - g. ☐ Signature of supervisor

Comments: \_\_\_\_\_

2. Provide evidence the staff providing AAA 1-B participants with In-Home Services and/or Personal Care (ADHS/OHR/AFC/HFA) will receive two in-home or "on-the-job" supervisory visits each year by:
  - a. ☐ Providing a copy of the supervisor's qualifications. (Nurse or other licensed professional; RN required for personal care supervision).
  - b. ☐ Providing a copy of the written policy and procedure for completing the supervisory visits.

Comments: \_\_\_\_\_

## **X. VOLUNTEERS**

1. If volunteers are used, submit:
  - a. ☐ Written procedures for recruiting
  - b. ☐ Job descriptions
  - c. ☐ Written procedures for orientation
  - d. ☐ Written procedures for trainings that volunteers will receive
  - e. ☐ Written procedures for the type of supervision that volunteers will receive
  - f. ☐ Written procedures for yearly evaluations

Comments: \_\_\_\_\_

## **XI. RESPONSIBILITIES**

1. Written policy that instructs workers on minimum activities as part of attempting to provide service that includes:
  - a. ☐ Ringing doorbell
  - b. ☐ Knocking very loudly several times
  - c. ☐ Attempting to reach the participant by telephone
  - d. ☐ Other (call emergency contact, AAA 1-B Supports Coordinator)

Comments: \_\_\_\_\_

## **XII. CLIENT SATISFACTION/COMPLAINT RESOLUTION/QUALITY ASSURANCE**

1. ☐ Written procedure to ensure AAA 1-B participants are able to express personal opinions and/or complaints regarding services
2. ☐ Written complaint resolution procedure that includes notification of Supports Coordinator (CSS staff)
3. ☐ Provide samples of quality assurance

Comments: \_\_\_\_\_

## **XIII. OTHER REQUIRED POLICIES/DOCUMENTS**

1. ☐ Worker Safety
2. ☐ Risk Management
3. ☐ Agency Code of Ethics

Comments: \_\_\_\_\_

**Note:** Minimum Service Standards are available on the AAA 1-B website, [www.aaa1b.com](http://www.aaa1b.com), for review.

\_\_\_\_\_  
DSP Vendor Authorized Contact Printed Name

\_\_\_\_\_  
DSP Vendor Authorized Contact Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAA 1-B DSP Manager Printed Name

\_\_\_\_\_  
AAA 1-B DSP Manager Signature

\_\_\_\_\_  
Date

## **G. APPENDICES**

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- ♦ Appendix A: Insurance Guidelines
- ♦ Appendix B: Environmental Accessibility Adaptations Agreement
- ♦ Appendix C: Specialized Medical Equipment and Supplies Agreement
- ♦ Appendix D: Licensed Assisted Living (Additional Enrollment Documents)
- ♦ Appendix E: Unlicensed Assisted Living Facility Documents
- ♦ Appendix F: Umbrella Agency Agreement Amendment
- ♦ Appendix G: DSP Acronyms and Service Codes
- ♦ Appendix H: AAA 1-B Glossary of Acronyms, Abbreviations and Definitions
- ♦ Appendix I: AAA 1-B Vendor Partner Logo Use Policy
- ♦ Appendix J: AFC & HFA Matrix

<b>G. Appendix A: Insurance Guidelines</b>	
Issue Date: 3/27/07	Rev Date: 07/29/15

## **I. 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.



<b>G. Appendix A: Insurance Guidelines</b>	
Issue Date: 3/27/07	Rev Date: 07/29/15

**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  
Direct Service Purchase Information  
ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS BID AGREEMENT**

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**VENDOR INFORMATION**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Administrator/President: \_\_\_\_\_ Email: \_\_\_\_\_  
Name/Title

Contact Person to Request Services: \_\_\_\_\_  
Name/Title/Telephone

Contact Person for Billing: \_\_\_\_\_  
Name/Address/Telephone

Type of Agency:    ☐ Public    ☐ Private Non-Profit    ☐ Private for Profit    ☐ Minority Agency  
  
                         ☐ Veteran    ☐ Woman-owned Agency    ☐ Owned by a Person with a Disability

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**BIDDING INFORMATION**

The AAA 1-B Staff will contact the agency to obtain a bid price for a specific repair, construction, or modification job. *Bids will be solicited per job.*

1. List the types of repairs or construction services the Organization provides: \_\_\_\_\_

2. Geographic boundaries of service area: (County Specific) \_\_\_\_\_

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**Either party may terminate this agreement with at least 30 day notice in writing. A breach of contract (i.e. lack of licensure) by the vendor agency may result in immediate termination of this agreement, as determined by AAA 1-B.**

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☐ DSP Bid Agreements, for first-time applicants, become effective on the date the Bid Agreement is signed by the AAA 1-B Executive Director, Unless otherwise indicated.

**CERTIFICATION**

\_\_\_\_\_  
VENDOR: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date

\_\_\_\_\_  
AAA 1-B: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date

**AREA AGENCY ON AGING 1-B  
Direct Service Purchase Information  
SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES BID AGREEMENT**

**VENDOR INFORMATION**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Administrator/President: \_\_\_\_\_ Email: \_\_\_\_\_  
Name/Title

Contact Person to Request Services: \_\_\_\_\_  
Name/Title/Telephone

Contact Person for Billing: \_\_\_\_\_  
Name/Address/Telephone

Type of Agency: ☐ Public ☐ Private Non-Profit ☐ Private for Profit ☐ Minority Agency  
☐ Veteran ☐ Woman-owned Agency ☐ Owned by a Person with a Disability

**BIDDING INFORMATION**

1. Provide a complete listing of products available and costs for each category: (Attach price list if necessary.)

***Bathroom Equipment:***

grab bars, raised toilet seats,  
shower attachments, etc.

***Liquid Diet Supplements:***

***Incontinence Products:***

***Variety of Medicine Boxes:***

***Other:***

2. Geographic Boundaries of Service Area: (County Specific.) \_\_\_\_\_

Either party may terminate this agreement with at least 30 day notice in writing. A breach of contract (i.e. lack of licensure) by the vendor agency may result in immediate termination of this agreement, as determined by AAA 1-B.

- ☐ DSP Bid Agreements, for first-time applicants, become effective on the date the Bid Agreement is signed by the AAA 1-B Executive Director.

**CERTIFICATION**

\_\_\_\_\_  
VENDOR: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date

\_\_\_\_\_  
AAA 1-B: Signature of Authorizing Official

\_\_\_\_\_  
Title and Date



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

AREA AGENCY ON AGING 1-B  
Adult Foster Care / Home for the Aged  
Direct Service Purchase Bid Agreement

VENDOR AGENCY INFORMATION

Corporation Name: Address:  
Telephone: Fax: Federal ID Number:  
Owner: Email:  
Contact Person to Request Services: Email:  
Billing Contact Person: Email:

Type of Agency: ☐ Public ☐ Private Non-Profit ☐ Private For-Profit  
Owned by a (check all that apply): ☐ Minority ☐ Woman ☐ Person with a Disability ☐ Veteran

HOME INFORMATION

Name of Home (if different than corp): Home address:  
Type of Home: ☐ AFC ☐ HFA License # # of Beds:  
Date of Last Inspection: State of Michigan License Consultant:

By signing this agreement, the vendor agency understands and agrees to the following:

1. Agency is providing services under the Community Living Supports Service definition and in accordance with the Adult Foster Care/Home for the Aged bid addendum.
2. The per diem rate is negotiated on a per participant basis, based upon the assessment and determination made by the AAA 1-B Supports Coordinator.
3. Provision of services authorized by the primary care manager is acceptance of the authorized per diem rate for each individual resident.
4. Either party may terminate this agreement with at least 30 day notice in writing. A breach of contract (i.e. lack of licensure) by the vendor agency may result in immediate termination of this agreement, as determined by AAA 1-B.
5. The vendor agency has reviewed and is in compliance with all AAA 1-B DSP Vendor requirements, as outlined in the AAA 1-B DSP Vendor Manual, available at [www.aaa1b.com](http://www.aaa1b.com). This includes but is not limited to: General Operating Standards, Service Specific Standards, Insurance Requirements, Billing and Reporting requirements.
6. The vendor agency will notify AAA 1-B of any key staff/contact information changes within 3 business days

Note: DSP Bid Agreements become effective on the date the Bid Agreement is signed by the AAA 1-B Executive Director, unless otherwise indicated.

CERTIFICATION

Vendor: Signature of Authorizing Official

Title and Date

AAA 1-B: Signature of Authorizing Official

Title and Date

## **UNLICENSED ASSISTED LIVING BID AGREEMENT ADDENDUM**

Assisted Living Vendor Agency: \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

The following information is included in the Bid Agreement with the above stated vendor agency hereby known as the assisted living and/or Affordable Assisted Living (AAL) vendor. The assisted living vendor shall designate a program coordinator. The coordinator will act as a liaison for all referral procedures with the Area Agency on Aging 1-B (AAA 1-B) and coordinate activities with the on-site or designated home care agency as appropriate.

### **1. Referral Procedures**

The following procedures have been outlined for assisted living vendors making a referral of a resident to the AAA 1-B MI Choice program:

- a) the assisted living coordinator shall refer the participant or designated person to the AAA1-B Resource Center at (800) 852-7795;
- b) the AAA 1-B will conduct a telephone screen and universal intake, and if the participant is eligible, schedule an assessment. If the MI Choice program is at capacity, the AAA 1-B will place the participant on a wait list. The participant/proxy will be contacted to schedule an assessment when his/her name comes upon the wait list;
- c) following the assessment, the AAA 1-B Supports Coordinator will notify the assisted living Waiver Coordinator if the participant is eligible for the MI Choice program;

The following procedures have been outlined for AAA 1-B Waiver participant referrals to an assisted living vendor agency:

- d) the AAA 1-B Supports Coordinator or Resource Specialist informs a participant/proxy about the assisted living vendor facilities. the AAA 1-B Supports Coordinator is responsible for discussing, and completing, the Rental Agreement with the participant/proxy and the assisted living Waiver Coordinator prior to the participant's scheduled move-in date;
- e) the assisted living Waiver Coordinator notifies the AAA 1-B Supports Coordinator and the on-site home care provider within a maximum of 14 days (but no less than five business days), prior to the move-in date. The AAA 1-B Supports Coordinator should complete the Authorization Forms for the assisted living facility and the on-site home care agency and faxes them (along with the assessment and plan of care service order) to the appropriate agencies prior to the participant moving into the facility;

- f) re-evaluation of the participant is the responsibility of the assisted living Waiver Coordinator and the on-site home care agency; however, the AAA 1-B Supports Coordinator must be notified immediately if the re-evaluation has changed and the participant will not be accepted by the facility. This will allow time to: 1) discuss options for ordering additional service; 2) determine if the participant can remain in their current location; 3) determine if another assisted living facility will accept the participant; or 4) take other actions as appropriate to assist the participant;
- g) the AAA 1-B Supports Coordinator will schedule a re-assessment within five business days following the participant's move into the assisted living facility. Case conferencing will occur with the assisted living Waiver Coordinator and the home care agency.

## **2. Care Management Services**

The following procedures will be followed when determining if an assisted living vendor agency resident or potential resident is eligible for Care Management service:

- a) when an assisted living vendor agency resident or potential resident appears MI Choice eligible, based on the results of the intake and screening process, the AAA 1-B Supports Coordinators will assign Community Care Management (CCM) as the participant type until Medicaid approval is secured;
- b) if the assessed resident appears not to be MI Choice eligible, nor is it likely they will become eligible within the next year, and the participant is 60 years of age or older, the AAA 1-B Supports Coordinator may open the case as CCM (per AAA 1-B established procedures);
- c) for assisted living vendor agency residents who become AAA 1-B CCM participants, the AAA 1-B Supports Coordinators will not purchase homemaking or home delivered meals services, unless they are broken out of the rent, since these are included in the resident's rental fee. Personal care or other services that are not included in the resident's rental fee may be purchased if they are appropriate to the participant's care plan, other resources are not available for these services, and AAA 1-B funds are available.

## **3. Rental Rate Negotiation**

The following rental rate negotiation procedure will take place when DHS determines a participant to be financially eligible and according to the referral procedures established above. These procedures have been agreed to and will be adhered to by the AAA 1-B and the assisted living vendor agency:

- a) the AAA 1-B Supports Coordinators will work with the participant to determine if he/she is able to meet rental obligations;

- b) if it is determined the participant cannot fully meet the rental obligation, the AAA 1-B Supports Coordinators (with the permission of the participant) will attempt to secure section 8 with the family/proxy to determine whether additional resources can be secured;
- c) the vendor agency agrees that a \$25-\$300 range is reasonable for negotiation of a rental rate reduction;
- d) the assisted living vendor agency agrees to participate in a negotiation of rental rates for an AAA 1-B MI Choice participant that requires a rental rate reduction;
- e) the AAA 1-B Supports Coordinators will meet with the assisted living Waiver Coordinator to discuss the amount of rental rate reduction required to maintain the participant in the facility;
- f) an assisted living Waiver Coordinator (with a AAA 1-B Supports Coordinator present) may choose to conduct follow-up discussion with the participant/proxy to discuss the scope (if any) of additional resources available to meet rental obligations;
- g) the AAA 1-B Supports Coordinators will document the outcome of the rental negotiations in the participant chart and inform the participant/proxy;
- h) the participant/proxy, assisted living Waiver Coordinator, and AAA 1-B Supports Coordinator will sign the Rental Agreement form which indicates the negotiated monthly rental rate agreed upon by all parties;
- i) the AAA 1-B is not responsible if the participant/proxy defaults on the rental agreement;
- j) the assisted living vendor agency agrees that the negotiated rental agreement is valid for a period of two years. Following the two-year period, no more than a 5% cost of living increase may be added to the negotiated rental rate for each AAA 1-B MI Choice participant. This 5% maximum cost of living increase will not occur more often than every two years;
- k) the assisted living Waiver Coordinator will discuss any proposed changes to the rental rate negotiation procedure with the Director of Community Support Services, or the Chief Executive Officer of the AAA 1-B prior to discussing them with AAA 1-B Supports Coordinators.

#### **4. Participant Hospitalization**

The following procedures have been agreed to and will be followed in the event an AAA 1-B MI Choice participant requires hospitalization:

- a) in the event an AAA 1-B MI Choice participant is hospitalized, no services will be authorized (i.e., meals, homemaking, personal care) by AAA 1-B Supports Coordinators;
- b) the assisted living coordinator shall notify AAA 1-B supports coordinator via telephone and Harmony notes that a participant has been hospitalized within one business day of learning the change of care setting;
- c) in the event the AAA 1-B Supports Coordinator learns of a hospitalization prior to the assisted living Waiver Coordinator, the AAA 1-B Supports Coordinator will

contact the assisted living Waiver Coordinator immediately to notify them of the hospitalization;

- d) the AAA 1-B and the assisted living vendor agency have agreed that a hospitalization stay between 1 and 14 days will not affect a AAA 1-B MI Choice participant's room status.
- e) if the hospital stay exceeds 14 days or it appears, based on medical information, that the hospitalization period may extend for weeks or months, the AAA 1-B Supports Coordinator must contact the assisted living Waiver Coordinator to discuss the participant's medical status and determine if it would be appropriate to hold the room on behalf of the participant;
- f) the AAA 1-B Supports Coordinator, in coordination with the assisted living Waiver Coordinator, may contact the participant/proxy to determine if additional financial resources can be secured, to offset the cost of hotel services which are not reimbursable to the vendor agency under the MI Choice program when a participant is hospitalized;
- g) if the participant/proxy cannot contribute to the hotel service costs, and the assisted living vendor agency determines it cannot hold the room without reimbursement for these costs, the AAA 1-B Supports Coordinator will work with the assisted living vendor agency and the participant/proxy and provide information to relocate the participant;
- h) all AAA 1-B MI Choice participants will be informed of the hospitalization policy prior to entering the program.

## **5. Non-Exclusivity**

- a) The AAA 1-B does not enter into exclusive purchase arrangements with assisted living facilities or on-site personal care providers.
- b) The AAA 1-B retains the right to use any provider from its Direct Service Purchase (DSP) pool if or when an AAA 1-B Supports Coordinator determines that it is in the best interest of an eligible older adult participant to do so.

The following individuals acknowledge that they have read the above stated information and accept the policies and procedures as stated above.

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Facility Owner or Executive Director

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Date

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Area Agency on Aging 1-B

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Date



## **I. UNLICENSED ASSISTED LIVING GUIDELINES**

A. The AAA 1-B has established the following guidelines for Assisted Living DSP vendors and vendors participating in the MI State Housing Development Association (MSHDA) Affordable Assisted Living (AAL) Program. The purpose of the Bid Agreement Addendum is to define areas of cooperation, outline program expectations and requirements to ensure high quality service and support to participants.

1. Generally, only MI Choice eligible persons will be served in assisted living homes.
2. The setting must be private, non-licensed.

**Note:** MI Choice Waiver eligible persons may be served in licensed Adult Foster Care (AFC) homes for the aged (APA's) under a separate program called Residential Services. Call (800) 852-7795 for more information.

3. Vendors must comply with General Operating Standards, the General Standards for Service, Home Based Service Standards, as well as compliance with the protocols established in the Assisted Living Bid Agreement Addendum.
4. Community Living Services (CLS) and Meals should be available on-site. Services eligible for purchase from assisted living providers may include the following:
  - a. Community Living Services(either from on-site agency or Assisted Living provider; which includes homemaking or personal care)
  - b. Meals
  - c. Medication Reminders
  - d. Other services as appropriate:
    - Private Duty Nursing (Medication set-up/admin)
    - Nursing Services



<b>G. Appendix E: Unlicensed Assisted Living Guidelines</b>	
Issue Date: 3/27/07	Rev Date: 10/1/13

**Note:** Bid Agreements must be completed for each service in accordance with AAA 1-B Standards. Further, the agency must submit an Assisted Living Bid Agreement Addendum. The Bid Agreement Addendum outlines areas of cooperation as well as protocols for assisted living activities.

Agencies shall post procedures to be followed in emergency situations (i.e., fire, severe weather) in each room. Practice drills of emergency protocols shall be conducted once every six (6) months. The program must maintain a record of all emergency practice drills.

**AREA AGENCY ON AGING 1-B**  
**Direct Service Purchase Information**

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**UMBRELLA AGENCY AGREEMENT AMENDMENT**

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Use this form for Community Living Supports (CLS) and Community Living Program Services (CLPS)

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**PROVIDER INFORMATION**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Administrator/President: \_\_\_\_\_  
Name/Title

Contact Person to Request Services: \_\_\_\_\_  
Name/Title/Telephone

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**AMENDMENT SUMMARY**

As a provider for the Area Agency on Aging 1-B (AAA 1-B), we agree to consider for hire a worker requested by an AAA 1-B participant and Community Care Services manager. We do this knowing that the potential employee may want to serve ONLY the participant that has requested him/her and may not be open to expanded service. These workers will be considered employees of our company, will be reimbursed at the standard pay scale for any employee of our company, and will be subject to our internal standards and policies and those required by the AAA 1-B. Whether the applicant is hired or rejected, it will be our responsibility to communicate the status to the AAA 1-B Care Manager responsible for the requesting participant. We also understand that the participant's worker cannot be the participant's spouse, legal guardian or designated representative, in accordance with the MDCH guidelines for self determination service providers.

Geographic Boundaries of Service Area: (Be specific, include only areas in the AAA 1-B Region.) \_\_\_\_\_

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***Vendors MUST give 30 days written notice of intent to terminate from the AAA 1-B Vendor Pool.***

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**CERTIFICATION**

VENDOR: Signature of Authorizing Official \_\_\_\_\_

\_\_\_\_\_ Title and Date

AAA 1-B: Signature of Authorizing Official \_\_\_\_\_

\_\_\_\_\_ Title and Date

**G. Appendix G**

Issue Date: 3/27/07

Rev Date: 10/1/13

**DSP ACRONYMS AND SERVICE CODES**

<b>Service</b>	<b>Acronym</b>	<b>Code</b>
<b>Adult Day Health Services</b>	ADHS	S5100
<b>Chore Services</b>	CHR	S5120
<b>Community Living Program Services</b>	CLPS	CLPS10
<b>Community Living Services</b>	CLS	H2015
<b>Environmental Accessibility Adaptations</b>	MOD	S5165
<b>Home Delivered Meals</b>	HDM	S5170
<b>In-Home Respite</b>	IHR	S5150
<b>Out-of-Home Respite</b>	OHR	H0045
<b>Liquid Supplement</b>	SUP	B4150
<b>Specialized Equipment/Supplies</b>	DME	S5199, T1999, T2028, T2029
<b>Nursing Services</b>	NURS	T1002
<b>PERS Installation</b>	PERS/I	S5160
<b>PERS Monthly</b>	PERS	S5161
<b>Private Duty Nursing</b>	PDN	T1000
<b>Social Worker/Counselor</b>	COUNS	99510
<b>Training</b>	TRNG	S5110/S5115
<b>Transportation per Mile</b>	TRANS	S0215
<b>Wheelchair Van per Trip</b>	TRANS	A0130
<b>Medication Management</b>	MM	H2010
<b>Community Transition Services</b>	CTS	T2038

## **ACRONYMS IN AGING AND ADULT SERVICES**

Revised 7-28-15

<b>AAA</b>	Area Agency on Aging
<b>4AM</b>	Area Agency on Aging Association of Michigan
<b>AAAAM</b>	Area Agency on Aging Association of Michigan
<b>AAANM</b>	Area Agency on Aging of Northwest Michigan, Inc. (Region 10)
<b>AAAWM</b>	Area Agency on Aging of Western Michigan, Inc. (Region 8)
<b>AANP</b>	Adult Abuse and Neglect Prevention
<b>AARP</b>	American Association of Retired Persons
<b>AASA</b>	Aging and Adult Services Agency (formerly OSA)
<b>ACA</b>	Affordable Care Act
<b>ACL</b>	Administration for Community Living
<b>ACP</b>	Adult Community Placement
<b>AD</b>	Alzheimer's Disease
<b>ADC</b>	Adult Day Care
<b>ADDGS</b>	Alzheimer's Disease Demonstration Grants for States (now ADSSP)
<b>ADRC</b>	Aging and Disability Resources Collaborations
<b>ADS</b>	Adult Day Service
<b>ADSSP</b>	Alzheimer's Disease Supportive Services Program (formerly ADDGS)
<b>ADL</b>	Activities of Daily Living
<b>AFC</b>	Adult Foster Care
<b>AG</b>	Attorney General
<b>AHH</b>	Adult Home Help
<b>AIP</b>	Annual Implementation Plan
<b>AIRS</b>	Alliance of Information and Referral Systems
<b>AIS</b>	Aging Information System
<b>ANS</b>	Aging Network Services
<b>AoA</b>	Administration on Aging

## G. Appendix H

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<b>APS</b>	Adult Protective Services (now Adult Services Policy Unit)
<b>ASA</b>	American Society on Aging
<b>ASCAP</b>	Adult Services Comprehensive Assessment
<b>ASM</b>	Aging Services of Michigan (formerly MAHSA)
<b>BCAL</b>	Bureau of Child and Adult Licensing (LARA)
<b>BGC</b>	Background Check
<b>BCHS</b>	Bureau of Community & Health Systems, LARA (new as of July 2015). Regulates hospitals, nursing, homes, and children and adult (AFCs/HFAs) licensing and camps.
<b>BPL</b>	Bureau of Professional Licensing, LARA (Health & Occupations)
<b>BHS</b>	Bureau of Health Systems (DCH)
<b>BTBQ</b>	Building Training... Building Quality
<b>CACIL</b>	Capital Area Center for Independent Living
<b>CAP</b>	Community Action Program
<b>CCC</b>	Creating Confident Caregivers (SAVVY Caregiver)
<b>CCTP</b>	Community-Based Care Transitions Program
<b>CDSME</b>	Chronic Disease Self-Management Education
<b>CEU</b>	Continuing Education Unit
<b>CFC</b>	Controlled Fat & Carbohydrate (home delivered meals)
<b>CFDA</b>	Catalog of Federal Domestic Assistance
<b>CFL</b>	Communities for a Lifetime
<b>CHW</b>	Community Health Workers
<b>CILS</b>	Centers for Independent Living
<b>CIM</b>	Center for Information Management, Inc.
<b>CLC</b>	Community Living Consultation
<b>CLP</b>	Community Living Program (formerly Nursing Home Diversion Program)
<b>CM</b>	Care Management
<b>CMH</b>	Community Mental Health

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<b>CMIS</b>	Client Management Information System
<b>CMMI</b>	Center for Medicare and Medicaid Innovations
<b>CMP</b>	Civil Monetary Penalty
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CNAs</b>	Certified Nursing Assistants
<b>CNCS</b>	Corporation for National and Community Service
<b>COA</b>	Commission on Aging/Council on Aging
<b>CON</b>	Certificate of Need
<b>CPHA</b>	Community Public Health Agency
<b>CPR</b>	Cardiopulmonary Respiration
<b>CR</b>	Caregiver Respite (state)
<b>CSA</b>	Commission on Services to the Aging
<b>CSE</b>	Crisis Services for the Elderly
<b>CSI</b>	Quality=Choice, Satisfaction, Independence (Consumer Group)
<b>CSHCS</b>	Children's Special Health Care Services
<b>CTS</b>	Client Tracking System
<b>DAAA</b>	Detroit Area Agency on Aging
<b>DAS</b>	Direct Access Staff
<b>DCH</b>	Department of Community Health (now MDHHS)
<b>DCIS/CIS</b>	Department of Consumer and Industry Services
<b>DCW</b>	Direct Care Workers
<b>DHHS</b>	U.S. Department of Health and Human Services
<b>DHS</b>	Michigan Department of Human Services (now MDHHS)
<b>DHS-1171</b>	Medicaid (MA) Application
<b>DLEG</b>	Michigan Department of Economic Growth
<b>DMB</b>	U. S. Department of Management and Budget
<b>DMVA</b>	Department of Military and Veteran's Affairs
<b>DNM</b>	Disability Network of Michigan

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<b>DNMM</b>	Disability Network of Mid-Michigan
<b>DPATH</b>	Diabetes Personal Action Toward Health
<b>DoE</b>	U.S. Department of Education
<b>DoL</b>	U.S. Department of Labor
<b>DoD</b>	U.S. Department of Defense
<b>DoT</b>	U.S. Department of Transportation
<b>DOOR</b>	Refers to the 7 specific categories of the NFLOCD listing areas of medically eligibility for the MI Choice Waiver Program
<b>DTMB</b>	Michigan Department of Technology, Management and Budget
<b>DV</b>	Domestic Violence
<b>EBDP</b>	Evidence-Based Disease Prevention
<b>EPIC</b>	Estates and Protected Individuals Code (Closed)
<b>ELM</b>	Elder Law of Michigan, Inc.
<b>EOA</b>	Empowering Older Adults
<b>EOC</b>	Emergency Operation Center
<b>ESL</b>	English as Second Language
<b>FAP</b>	Food Assistance Program (food stamps/Bridges)
<b>FEMA</b>	Federal Emergency Management Agency
<b>FGP</b>	Foster Grandparent Program
<b>FI</b>	Fiscal Intermediary (Self-Determination Option in the Waiver)
<b>FOC</b>	Freedom of Choice
<b>FTC</b>	Federal Trade Commission
<b>FY</b>	Fiscal Year
<b>GAO</b>	General Accounting Office
<b>HB</b>	House Bill (state)
<b>HCAM</b>	Health Care Association of Michigan
<b>HCBS/ED</b>	Home & Community-Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MI Choice



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<b>HDM</b>	Home Delivered Meals
<b>HFA</b>	Home for the Aged
<b>HHPs</b>	Home Help Providers
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HMO</b>	Health Maintenance Organization
<b>HR</b>	House Resolution (federal)
<b>HRSA</b>	Health Resource Services Administration
<b>HSA</b>	Health Systems Agency
<b>I&amp;A</b>	Information and Assistance or Information and Awareness
<b>ICO</b>	Integrated Care Organization
<b>I&amp;R</b>	Information and Referral
<b>IADL</b>	Instrumental Activities of Daily Living
<b>ILS</b>	Independent Living Services
<b>IM</b>	Information Memorandum
<b>IoG</b>	Institute of Gerontology
<b>LAM</b>	LeadingAge Michigan (represent the nonprofit nursing homes and other long-term care services)
<b>LARA</b>	Michigan Department of Licensing and Regulatory Affairs
<b>LCA</b>	Local Contact Agency
<b>LEP</b>	Limited English Proficiency
<b>LGBT</b>	Lesbian, Gay, Bisexual and Transgender
<b>LOC</b>	Level of Care
<b>LRS</b>	Licensed Residential Setting
<b>LSD</b>	Legal Services Developer
<b>LSP</b>	Legal Services Program
<b>LTC</b>	Long Term Care

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<b>LTCSS</b>	Long Term Care Supports and Services
<b>MA</b>	Medicaid
<b>MALA</b>	Michigan Assisted Living Association
<b>MASC</b>	Michigan Association of Senior Centers
<b>MADSA</b>	Michigan Adult Day Services Association
<b>MAHSA</b>	Michigan Association of Homes for the Aged (now ASM)
<b>MATF</b>	Merit Award Trust Fund (formerly Tobacco Settlement Fund)
<b>MC</b>	Medicare
<b>MCO</b>	Managed Care Organization
<b>MDCH</b>	Department of Community Health (changed to MDHHS)
<b>MDCWI</b>	Michigan Direct Care Workforce Initiative
<b>MDHHS</b>	Michigan Department of Health and Human Services
<b>MDOT</b>	Michigan Department of Transportation
<b>MDRC</b>	Michigan Disability Rights Coalition
<b>MDSA</b>	Michigan Directors of Services to the Aging
<b>MFP</b>	Money Follows the Person (part of Waiver/Nursing Facility Transition)
<b>MHSCC</b>	Michigan Hispanic Senior Citizens Coalition
<b>MIACoA</b>	Michigan Indian Advisory Council on Aging
<b>MICIS</b>	MI Choice Information System
<b>MIPPA</b>	Medicare Improvements for Patients & Providers Act for Beneficiaries
<b>MI RX</b>	Michigan Drug Discount Program
<b>MIS</b>	Management Information System
<b>MLSC</b>	Michigan Legal Services Corporation
<b>MMAP</b>	Medicare/Medicaid Assistance Program
<b>MOACSEP</b>	Michigan Older American Community Service Employment Program
<b>MOA</b>	Memorandum of Agreement
<b>MOB</b>	Matter of Balance
<b>MOU</b>	Memorandum of Understanding

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<b>MoW</b>	Meals on Wheels
<b>MPAS</b>	Michigan Protection and Advocacy Services, Inc.
<b>MPBH</b>	Michigan Pathways to Better Health
<b>MRT</b>	Medical Review Team (DHS)
<b>MSA</b>	Medical Services Administration
<b>MSAC</b>	Michigan Senior Advocates Council
<b>MSC</b>	Michigan Senior Coalition (formerly Senior Power Day)
<b>MSHDA</b>	Michigan State Housing Development Authority
<b>MSG</b>	Michigan Society of Gerontology
<b>MSU</b>	Michigan State University
<b>MQCCC</b>	Michigan Quality Community Care Council
<b>MVAA</b>	Michigan Veterans' Affairs Agency
<b>MYP</b>	Multi-Year Plan
<b>N4A</b>	National Association of Area Agencies on Aging
<b>NAPIS</b>	National Aging Programs Information System
<b>NAPSA</b>	National Adult Services Protective Association
<b>NASOP</b>	National Association of State Ombudsman Programs
<b>NASUA</b>	National Association of State Units on Aging
<b>NCBA</b>	National Center on Black Aged
<b>NCCNHR</b>	National Citizens Coalition for Nursing Home Reform
<b>NCOA</b>	National Council on Aging
<b>NCSC</b>	National Council of Senior Citizens
<b>NEMCSA</b>	Northeast Michigan Community Service Agency, Inc. (Region 9 AAA)
<b>NF</b>	Nursing Facility
<b>NFA</b>	Notification of Financial Assistance
<b>NFCSP</b>	National Family Caregiver Support Program
<b>NFLOCD</b>	Nursing Facility Level of Care Determination (tool)
<b>NFT</b>	("nifty") Nursing Facility Transition

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<b>NFTI</b>	Nursing Facility Transition Initiative
<b>NHD</b>	Nursing Home Diversion (now called Community Living Program)
<b>NIA</b>	National Institute on Aging
<b>NISC</b>	National Institute of Senior Citizens
<b>NORS</b>	National Ombudsman Reporting System
<b>NSSC</b>	National Senior Service Corps
<b>NWD</b>	No Wrong Door
<b>OAA</b>	Older Americans Act
<b>OAS</b>	Older Adult Services
<b>OAVP</b>	Older American Volunteer Program
<b>OHDS</b>	Office of Human Development Services
<b>OMA</b>	Older Michiganians Act
<b>OMB</b>	Office of Management and Budget (federal)
<b>OMD</b>	Older Michiganians Day
<b>OSA</b>	Office of Services to the Aging (now AASA)
<b>OWL</b>	Older Women's League
<b>PA</b>	Public Act
<b>PATH</b>	Personal Action Toward Health
<b>PCA</b>	Personal Care Aides
<b>PCP</b>	Person-Centered Planning
<b>PCT</b>	Person-Centered Thinking
<b>PERS</b>	Personal Emergency Response System
<b>PI</b>	Program Instruction
<b>PIL</b>	Protected Income Level (Medicaid)
<b>PICK</b>	Portable Information Collection Kit
<b>PHI</b>	Formerly Paraprofessional Healthcare Institute; now just <u>PHI</u>
<b>POC</b>	Plan of Care
<b>PREVNT</b>	Elder Abuse Prevention State Fund

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<b>PRR</b>	Program Revision Request
<b>PS</b>	Protective Services
<b>PSA</b>	Planning and Service Area
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>PY</b>	Program Year
<b>QARS</b>	Quality Assurance and Review Section (MDHHS)
<b>RFP</b>	Request for Proposal
<b>RSDI</b>	Social Security Income; Retirement, Survivors, Disability Income
<b>RSVP</b>	Retired & Senior Volunteer Program
<b>SA</b>	Service Authorization
<b>SAC</b>	State Advisory Council (SAC) on Aging
<b>SB</b>	Senate Bill (state)
<b>SCP</b>	Senior Companion Program
<b>SCSEP</b>	Senior Community Service Employment Program
<b>SD</b>	Self-Directed or Direction
<b>SDA</b>	State Disability Assistance
<b>SEAQRT</b>	Senior Exploitation and Abuse Quick Response Team
<b>SEMISRC</b>	Southeast Michigan Senior Regional Collaborative
<b>SGA</b>	Statement of Grant Award
<b>SILC</b>	Statewide Independent Living Council
<b>SLTCOP</b>	State Long Term Care Ombudsman Program
<b>SMOU</b>	Special Memorandum of Understanding (Waiver)
<b>SMSA</b>	Standard Metropolitan Statistical Area
<b>SNF</b>	Skilled Nursing Facility
<b>SPE</b>	Single Point of Entry (Abolished 2009)
<b>SPF</b>	Senior Project Fresh
<b>SR</b>	Senate Resolution (federal)
<b>SS</b>	Social Security

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<b>SSA</b>	Social Security Administration
<b>SSD</b>	Social Security Disability
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>SUA</b>	State Unit on Aging
<b>TA</b>	Technical Assistance
<b>TASC</b>	Technical Assistance, Support and Compliance Division
<b>TCARE</b>	Tailored Caregiver Assessment & Referral Program
<b>TCM</b>	Targeted Case Management
<b>TCOA</b>	Tri-County Office on Aging (Region 6 AAA)
<b>TED</b>	Michigan Talent and Economic Development
<b>TPAAN</b>	Training Program to Prevent Adult Abuse and Neglect
<b>TSA</b>	The Senior Alliance, Inc. (Region 1C AAA)
<b>UBA</b>	United Benefits Application
<b>UPAAA</b>	Upper Peninsula Area Agency on Aging (Region 11 AAA)
<b>UPCAP</b>	Upper Peninsula Commission for Area Progress (UPCAP Services, Inc. – Region 11 AAA)
<b>USDA</b>	United States Department of Agriculture
<b>USDHHS</b>	U.S. Department of Health and Human Services
<b>VA</b>	U.S. Veterans' Administration
<b>VAAA</b>	Valley Area Agency on Aging (Region 5)
<b>VCATs</b>	Veterans Community Action Teams
<b>VD-HCBS</b>	Veteran's Directed Home and Community-Based Services
<b>VHA</b>	Veterans Health Administration
<b>VSO</b>	Veterans Service Officer
<b>WA</b>	Waiver
<b>WHCoA</b>	White House Conference on Aging
<b>WISP</b>	Waiver Information Services Portal



<b>G. Appendix H</b>	
Issue Date: 3/27/07	Rev Date: 8/27/15



## **Area Agency on Aging 1-B Vendor Partner Logo Use Policy**

Third parties may not use the Area Agency on Aging 1-B (AAA 1-B) Corporate Logo. Organizations participating in the AAA 1-B vendor pool may use the Vendor Partner Logo that identifies the organization as a partner organization of the AAA 1-B. This is the only Logo approved for vendor use and must always be used pursuant to the specifications on this policy. Any use that falls outside of these specifications is strictly prohibited.

The following guidelines must be followed by Vendor organizations when using the Vendor Partner Logo:

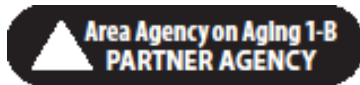
1. On any advertising, marketing collateral, or organization with written approval by the AAA 1-B Director of Communications or designated staff representative as outlined on the attached "Vendor Partner Written Approval Process".
2. If an organization is removed from the AAA 1-B vendor pool, whether initiated by the participating organization or the AAA 1-B, the organization must remove the AAA 1-B vendor logo from all printed materials within 30 days and from any websites within 48 hours.
3. Organizations using the Vendor Partner Logo must also display in the primary and more prominent position, their own logo(s), business name, product names, or other branding.
4. The Logo may not be imitated or used as a design feature in any manner.
5. The Logo may not be used in a manner that would disparage the AAA 1-B or its products or services.
6. The Logo must be used as provided by the AAA 1-B with no changes, including but not limited to changes in the color, proportion, or design, or removal of any words, artwork, or trademark symbols. The Logo may not be animated, morphed, or otherwise distorted in perspective or appearance.
7. Use only approved AAA 1-B logo artwork:



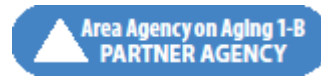
- a. The Logo may only appear in black, corporate blue (PMS 540) or reversed out to white. The Logo may never be screened back, built out of four-color process screens, or broken into multiple colors.
8. The Logo must appear only in a horizontal position.
9. The Logo must stand alone and may not be combined with any other object, including but not limited to other logos, words, graphics, photos, slogans, numbers, design features, or symbols. The Logo must never be used to represent the word Area Agency on Aging 1-B in text, including in a headline, product-name logotype, or body copy.
10. The Logo must not be incorporated or used in any manner as part of, or in close proximity to another company's name, domain name, product or service name, logo, trade dress, design, slogan, or other trademarks. The Logo must never appear with any other symbol or icon; or be combined with any other name, logo, or icon to create a co-branded logo.
11. Neither the Logo nor the Area Agency on Aging 1-B name may be used in any other company name, product name, service name, domain name, website title, publication title, or the like.
12. Under no circumstances may third parties use, imitate, or play off of the Area Agency on Aging 1-B corporate tagline (*Advocacy, Action, Answers on Aging*).
13. The AAA 1-B reserves the right in its sole discretion to terminate or modify permission to display the Logo, and may request that third parties modify or delete any use of the Logo that, in the AAA 1-B's sole judgment, does not comply with these guidelines, or might otherwise impair AAA 1-B's rights in the Logo.

## Approved Vendor Partner Logo(s)

Black/White



Corporate Blue (PMS 5404)



The Area Agency on Aging 1-B Corporate Logo is **NOT** approved for use by any vendor organization.



## **Vendor Partner Written Approval Process**

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 Director of Communications ([jjarvis@aaa1b.com](mailto:jjarvis@aaa1b.com)) 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 Director of Communications 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 4. The Director of Communications 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.

### **AFC and HFA Facility Matrix Questionnaire**

All AFC and HFA's are required to complete the Facility Matrix in order to:

- Determine the services provided under and customary (Room and Board)
- What services are above Room and Board
- What services may not be available at the AFC/HFA.

In order to complete this questionnaire, survey monkey is utilized. Please follow the steps listed below to complete the survey.

1. Go to Survey Monkey website:  
<http://www.surveymonkey.com/s/AFCandHFA>
2. Enter "aaa1b\_matrix" as the password

Completed questionnaires will be printed and retained as part of the contract file.

# Residential Services Client/Worker Log

Auth. by CM      Client Name: \_\_\_\_\_      Month/Year: \_\_\_\_\_

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Bathing</b>															
	Bed															
	Tub/Shower															
	Assist/Chair															
<input type="checkbox"/> <input type="checkbox"/>	<b>Dressing Assist.</b>															
	a.m.															
	p.m.															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Grooming</b>															
	Oral Care															
	Nail Care															
	Hair Care															
	Shaving															
	Skin Care															
<input type="checkbox"/> <input type="checkbox"/>	<b>Mobility Assist</b>															
	Walker															
	W/C															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Transferring</b>															
	Transferring															
	Hoyer Lift															
	Repositioning/Turning															
	a.m.															
	p.m.															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Feeding</b>															
	Assist															
	a.m.															
	noon															
	p.m.															
	Peg Tube															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
	a.m.															
	noon															
	p.m.															
	<b>Trach Care</b>															
	a.m.															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	noon															
	p.m.															
	HS															
	<b>Toileting</b>															
<input type="checkbox"/> <input type="checkbox"/>	Incont. Garment															
	a.m.															
	p.m.															

Residential Services Client/Worker Log

		mn																
		Assistance																
		Catheter Care																
		Bowel Movement	a.m.															
			p.m.															
			mn															
		Foley Emptying																
		Ostomy	a.m.															
			p.m.															
			mn															
		Ileostomy	a.m.															
			p.m.															
			mn															
		<b>Behavior Modification</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
		Monitoring	a.m.															
			p.m.															
		Cueing/Reminding	a.m.															
			p.m.															
		Engmt in Activities	a.m.															
			p.m.															
		<b>Vital Signs</b>																
		Vital Signs	a.m.															
			p.m.															
		Blood Sugar Checks	a.m.															
			noon															
			p.m.															
		<b>Medications</b>																
		Assist w/ Meds	a.m.															
			noon															
			p.m.															
			HS															
		Prefill Syringes																
		Peg Tube/meds																
		<b>Other</b>																

Residential Serivces Client/Worker Log

Workers Intials

a.m.															
p.m.															
m.n.															

Comments:

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

KEY

Worker's Name

Initials




## Residential Services Client/Worker Log

**Auth. by CM**      **Client Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

## Bathing

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----


[illegible]

**Dressing Assist.**


[illegible]

## Grooming


[illegible]

### Mobility Assist


[illegible]

## Transferring


[illegible]

## Feeding

[illegible][illegible]

## Trach Care


[illegible]

## Toileting

[illegible][illegible]



[illegible]

16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Residential Serivces Client/Worker Log

KEY      Worker's Name                      Initials