



Area Agency on Aging 1-B Provider Network Inquiry Form

Please complete and submit to

networkinquiry@aaa1b.org

This inquiry form is not an application that qualifies your agency as an Area Agency on Aging 1-B provider

Agency Name	
Address	
Phone Number	
Contact Person	
Website	
Email	
Services Provided	<p>In-Home Care Nursing DME Accessibility/Adaptability Community Transportation Chore- Lawn/Snow Home Delivered Meals Personal Emergency Response (PERS) Out of Home Respite Housing (please indicate Licensed or Unlicensed) Adult Day Health (Facility)</p>
<p>Service Area- Please select applicable counties and list staff count for employees able to serve TODAY</p> <p>Macomb Oakland St. Clair Livingston Washtenaw Monroe</p>	
<p>Do you have ALL of the following required insurance coverages?</p> <ul style="list-style-type: none"> <input type="radio"/> Unemployment <input type="radio"/> Worker’s Compensation <input type="radio"/> General Liability- \$1,000,000 limit each occurrence <input type="radio"/> Employee Dishonesty \$50,000 Limit to cover both First Party and Third Party (theft of client’s property) crime <input type="radio"/> Automobile Liability- \$1,000,000 limit (covering owned, hired, non-owned) <input type="radio"/> Professional Liability- Required for Nursing/Licensed Services 	
<p>Are you currently working with another MI Choice waiver agency?</p> <p>For example, Detroit Area Agency on Aging, MORC, Senior Alliance, Region 2 AAA, Valley Area Agency on Aging, Tri County Office on Aging, A & D Home Health Care, Region 7 Area Agency on Aging.</p>	

Has your agency been in business for 2 years or longer?

Have you reviewed the AAA1-B Operational Guidelines found on our [website](#), and believe you are able to meet all requirements and expectations of the program?

Home Care **ONLY**:

How many caregivers on staff currently?

How many employed caregivers are looking for cases?

How many hours of direct care is your Agency able to staff?

How many hours of additional care is your Agency able to staff?

Do you employ a Michigan Licensed Nurse (RN) who can perform supervisory visits for CLS workers at least twice per year?

Licensed and Unlicensed Residential **ONLY** (if your agency has multiple homes, please list them in the additional comments section:

License Number

Home Name

Home Address

Bed Count

Licensed beds

Monthly room and board costs

Additional Comments:

Thank you for your submission. The Area Agency on Aging 1-B receives many inquiries and at times we are unable to call every interested company. We confirm receipt via email and will be in contact if there is a need for the services (in location(s)) you can provide. We do retain on file all submissions.