



SUBCONTRACTING REQUEST FOR APPROVAL
Area Agency on Aging 1-B
29100 Northwestern Highway, Suite 400
Southfield, MI 48034

All subcontracting requests must be submitted using the Subcontracting Request for Approval form. Services must not be rendered until the subcontracting agreement form has been reviewed and approved by AAA 1-B.

Organization Name: _____
AAA 1-B Contracted Service: _____
Subcontractor Organization Name: _____
Effective Dates of Subcontract: _____

It is the responsibility of the AAA 1-B contracted organization to monitor and assess the performance of all assignees or subcontractors for the following:

- 1. Compliance with State and AAA 1-B Minimum Service Standards
2. Timely submission of data to the AAA 1-B contractor organization
3. Compliance with AAA 1-B insurance requirements
4. Subject to all conditions and provisions of the AAA 1-B contract

Note: The contractor shall be responsible for the performance of all assignees or subcontractors. Subcontractor agencies may be assessed by the AAA 1-B to ensure compliance with items listed above.

In addition, subcontractors providing personal care services must meet the following guidelines:

- 1. The subcontractor must be a member of the AAA 1-B Direct Service Purchase (DSP) pool.
2. Personal care aides must be cross-trained to assist in other areas during times when no personal care is required (i.e., office administration, social activities).
3. Supervision of the subcontracted personal care aides during the hours they are on-site at the AAA 1-B contracted organization will be performed by the contract organization.

Contractor Organization: Executive Director/President or Board Chairperson _____ Date _____

Michael Karson, Chief Executive Officer, AAA 1-B _____ Date _____

- [] The Area Agency on Aging 1-B (AAA 1-B) approves the subcontracting agreement between the parties listed above.
[] The Area Agency on Aging 1-B (AAA 1-B) denies the subcontracting agreement between the parties listed above for the following reason(s):