Region 9 AAA	Local Policy #	V-4
Policy Name:	**Provider Support, Training, and Supervision Policy**	
Original Policy Date:	March 2024	
Review Date:		
Revise Date:	July 2024, May 2026	

Policy:

NEMCSA – Region 9 Area Agency on Aging (AAA) must ensure that each provider and service provider (employee or volunteer) have the support, training, and supervision needed to deliver services competently and confidently to participants.

Providers must receive in-service training at least twice each fiscal year. Providers 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 services.

Providers must maintain comprehensive records identifying dates of training and topics covered in an agency training log or in each employee's personnel file.

An individualized in-service training plan must be developed for each employee when performance evaluations indicate a need.

This policy pertains to NEMCSA and their contracted providers.

Purpose:

To ensure service providers are adequately supported, trained, and supervised. To inform providers of contract requirements to assist in maintaining the health, safety and welfare of participants receiving services administered and funded by the AAA.

Definitions:

Providers: For the purposes of this policy, providers are the entities with whom the AAA holds a contract.

Service Providers: For the purposes of this policy, service providers refer to the contracted providers' employees, those who provide services to program participants.

MDHHS MI Choice Policy defines Home-Based Service Providers as those who provide community living supports, respite services provided in the home, chore services, homemaking, personal care, personal emergency response systems, private duty nursing/respiratory care, nursing services, counseling, home delivered meals, training services, and community health workers.

Procedure:

1. Providers are required to have policies and procedures in place addressing the following:
    a. Access to necessary supports and resources to enable them to appropriately and safely complete assigned tasks.
    b. Access to emergency services for their safety and protection.
    c. Ways to communicate grievances.

2. Providers ensure the availability of staff assistance including:
    a. 24-hour supervisor availability or at least during times when direct care workers are furnishing services to MI Choice participants.
    b. The provider may offer supervisor availability by telephone.
    c. Emergency line to address risks to the individual.
    d. Immediate telephone and emergency assistance to address threats to the service provider.

3. Provider staff receive an orientation training within 90 days of the date of hire, that includes, at a minimum:
    a. Introduction to the community-based care programs: MI Choice Waiver and Care Management
    b. Compliance training including Michigan Medicaid's statutory, regulatory, and contractual requirements; Fraud, Waste, and Abuse; False Claims Act Policy; company's Code of Conduct
    c. The agency's grievance and appeal process
    d. Maintenance of records and files (as appropriate)
    e. Emergency procedures
    f. Assessment and observation skills, if applicable to position
    g. Ethics, specifically:
        i. Acceptable work ethics
        ii. Honoring the MI Choice participant's dignity
        iii. Respect of the MI Choice participant and their property
        iv. Prevention of theft of the MI Choice participant's belongings
    h. Fraud, Waste, and Abuse – False Claims Act policy
    i. HIPAA/HITECH – Privacy and Confidentiality
    j. Person-Centered Thinking
    k. Diversity, Equity, and Inclusion

4. Providers must meet the following additional training requirements, at minimum:
    a. Maintain an annual in-service training plan which includes mandatory AAA training and conduct the trainings:
        i. Compliance training including Michigan Medicaid's statutory, regulatory, and contractual requirements; Fraud, Waste, and Abuse; False Claims Act Policy; company's Code of Conduct. This annual refresher training highlights compliance program changes and other new developments.
        ii. HIPAA/HITECH – Privacy and Confidentiality
    b. Conduct or provide two trainings per year that are relevant to the staff member's position.

c. Maintain a record or log detailing dates of trainings conducted and topics covered. The record or log must show each trainee signed off or certified they received the training.

5. If an employee's performance evaluation indicates a need for further development, the provider must develop an individualized in-service training plan for the employee.

6. Providers are required to conduct or arrange general compliance training annually to effectively communicate the requirements of the compliance program, including the company's code of conduct and applicable Medicaid statutory, regulatory, and contractual requirements.
    a. Employees, officers, managers, supervisors, and board members are required to attend compliance training sessions and must sign certifications that they have completed the appropriate sessions.
    b. Applicable to any volunteers, and other non-employee agents or subcontractors who are working directly with the AAA participants or indirectly in a billing or administrative role.
    c. Training logs and signed certifications are kept on file for 10 years.

7. Providers are responsible for ensuring contract requirements are being met. The Associate AAA Director and other designee of the AAA use a variety of methods to inform providers of new and existing Medicaid covered services, policies and procedures, statutes, regulations, and other special requirements as applicable. Methods used to inform providers include:
    a. Bi-annual provider meetings
    b. Annual program integrity training
    c. Provider Toolbox – a document which contains links to contract documents, forms, resources, policies, and procedures, etc.
    d. Email – to share bulletins, resources, documents, and other important communication pertinent to our providers.

8. Providers must participate in relevant in-service training offered by the AAA, as appropriate and feasible.

9. Providers are required to provide supervision to home-based service providers including those delivering community living supports, residential services, homemaking, personal care, respite, and chore services. A supervisor must be available to direct care workers while the worker is furnishing services to participants:
    a. ACLS standard: Each in-home service program, except for home delivered meals, must conduct one in-home supervisory visit for each program staff member, with a program client present, each fiscal year. A registered nurse must be available to conduct in-home supervisory visits, when indicated by client circumstances.
    b. MI Choice Waiver standard: Home-based service providers must conduct in-home supervision of their staff at least twice each fiscal year. A qualified professional must conduct the supervisory visit.

c. Additional in-home supervisory visits should be conducted as necessary. The program shall maintain documentation of each in-home supervisory visit. The provider may offer supervisor availability by telephone.
d. Employee records must reflect documentation of on-site supervisory visits including the following:
    i. Name and title of the person doing the supervising.
    ii. Staff person being supervised.
    iii. Location of the on-site supervision (participant ID number only, no names, initials, or other identifiable information should be used).
    iv. Last monitoring date and the findings.

10. Volunteers: Providers who utilize volunteers must have a written procedure governing the recruiting, training, and supervising of volunteers. Volunteers must receive a written position description, orientation, training, and a yearly performance evaluation, if appropriate.

Supervision Qualifications by Service Type

Adult Day Health:

1. Each provider must employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional.
2. The provider must continually provide support staff at a ratio of no less than one staff person for every 10 participants.
3. The provider may only provide health support services under the supervision of a registered nurse.

Community Living Supports, Homemaking, Personal Care:

1. When the CLS services provided to the participant include tasks identified [as follows], the direct service providers furnishing CLS must also: Be supervised by an RN licensed to practice nursing in Michigan.
    a. Assisting, reminding, cueing, observing, guiding and/or training in:
        i. Activities of Daily Living (ADL) such as bathing, eating, dressing, personal hygiene, toileting, transferring, etc.
        ii. Non-medical care (not requiring nurse or physician intervention).
        iii. Training and assistance on activities that promote community participation such as using public transportation, using libraries, or volunteer work.
    b. Reminding, cueing, observing, or monitoring of medication administration.
    c. Dementia care includes, but is not limited to, redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual's PCSP.
    d. Staff assistance with preserving the health and safety of the participant in order that he/she may reside and be supported in the most integrated independent community setting.
    e. Observing and reporting any change in the participant's condition and the home environment to the supports coordinator.

2. At the State's discretion, other qualified individuals may supervise CLS providers.

Nursing Services:

1. These services are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of an RN.

Residential Services:

1. For licensed residential settings, persons employed as facility owners or managers qualify to provide this supervision.

Self-Determination:

1. The MI Choice participant, or designated representative, acts as the employer and provides direct supervision of the chosen workers for self-determined services in the participant's PCSP.
2. The participant, or designated representative, directly recruits, hires, and manages employees.

Other Home-Based Service Providers:

1. A qualified professional must conduct the supervisory visit.