Region 9 AAA	Local Policy #	V-01
Policy Name:	**Provider Enrollment and Qualifications Policy**	
Original Policy Date:	May 2010	
Review Date:	June 2013, October 2014, January 2015, June 2015, August 2016,	
Revise Date:	June 2017, November 2018, October 2019, February 2023, March 2024, July 2024, March 2025, September 2025, May 2026	

Policy:

It is the policy of NEMCSA - Region 9 Area Agency on Aging (AAA) to ensure that there are an adequate number of qualified service providers.

Eligible provider applicants include public, private non-profit or for-profit service organizations that meet Michigan Department of Health and Human Services (MDHHS), Bureau of Aging, Community Living, and Supports (ACLS Bureau), and applicable AAA policies, procedures, practices operating standards, certifications and/or licensure requirements. All applicants undergo an extensive pre-approval process to ensure compliance with established policies/procedures, billing requirements, staffing requirements, and operating standards.

This policy pertains to NEMCSA and their contracted providers.

Purpose:

To ensure an adequate number of qualified service providers are available to serve program participants through an extensive provider enrollment process. Service providers must meet all requirements and assist in maintaining the health, safety and welfare of participants receiving services administered and funded by the AAA.

Procedure:

1. Organizations expressing interest in securing a bid agreement must submit their request in writing, by phone or by email. Information can also be acquired via the agency website.

2. Upon receipt of the request, a Bid Agreement Packet will be mailed, emailed, or made available on the AAA website to the potential provider. The packet will include information concerning requirements that must be met to participate with the AAA, including, but not limited to:

    a. Subcontractor Application
    b. Applicant Contract Requirement List
    c. Subcontractor Agreement (POS Subcontract and POS Contract Supplement)
    d. HIPAA Business Associate Agreement

e. Contract requirements per MDHHS, ACLS Bureau Operating Standards, and local agency including provider policies and procedures
f. Vendor View and Vendor Billing Enrollment Form and Provider Certification
g. Service definitions and requirements
h. Enrollment Form
i. Office and Staff Listing
j. Complaint Process including Appeals and Grievances
k. Provider Feedback Report
l. HCPCS Service Codes
m. Service Need Levels and Priority Classifications
n. Sample In-Home Journals
o. Relevant Criminal History Background Requirements
p. False Claims Act Policy and Attestation
q. Instructions for enrolling into Community Health Automated Medicaid Processing System (CHAMPS) - only required for MI Choice Waiver Providers subject to Electronic Visit Verification (EVV) at this time, which includes Community Living Supports, Respite, and Fiscal Intermediary providers.

3. Completed applications will be reviewed to determine if the potential provider is qualified to provide the requested services. NEMCSA – Region 9 AAA reserves the right to decline new provider enrollments when network adequacy is sufficient for the service.

4. When reviewing inquiries or applications from providers interested in contracting, preference will be given to providers who demonstrate the following:

    a. Established Operations – Providers that have been in operation for at least one year, showing stability and experience in service delivery.
    b. Michigan-Based Presence – Providers with operations headquartered or actively operating within the state of Michigan.
    c. Local Staffing Capacity – Providers that have current staffing availability within the counties for which they are applying to serve.

5. All provider applicants must submit the following identifying and registration information as part of their contract application:

    a. Business and Tax Identification: Providers must include one of the following: Employer Identification Number (EIN), Federal Employer Identification Number (FEIN), or Social Security Number (SSN).
    b. National Provider Identifier (NPI): Providers offering Community Living Supports (CLS), Nursing, Respite, or Adult Day Services must provide their NPI number.
    c. Medicaid Provider ID: If applicable, providers must include their Medicaid ID number.

    The Area Agency on Aging (AAA) will verify all submitted information for accuracy and eligibility as part of the contracting process. Failure to provide this information may result in the provider's application being considered incomplete or ineligible.

6. Provider Applicants must submit copies of all required background checks and screenings, as outlined in the contract, for each authorized representative (e.g., owner, managing employee) listed in their application. These documents must be included with the contract submission for the applicant to be considered as a service provider. This requirement ensures verification of eligibility to subcontract in compliance with applicable laws and regulations.

7. All contracted providers are required to complete the HHS Form 690 Compliance Assurance through the U.S. Department of Health and Human Services Office for Civil Rights (OCR) portal at https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf

   Completion of this form is a federal requirement for providers seeking to obtain or maintain funding through federal grants, loans, and contracts. Providers must provide proof of compliance with this requirement as a condition of participation in our network.

8. All provider applicants must submit copies of any and all required state or professional licensures or certifications as applicable to the services they will provide. Required documentation may include, but is not limited to:

   a. Adult Foster Care (AFC) License
   b. Homes for the Aged (HFA) License
   c. Registered Nurse (RN) License
   d. Chauffeur's License
   e. Contractor License

   Licensures must be current, valid, and issued by the appropriate regulatory authority. Submission of these documents is a condition of eligibility to contract as a service provider.

9. Provider applicants offering Personal Emergency Response System (PERS) services must submit a current UL Certificate verifying that their equipment and monitoring services meet nationally recognized safety and performance standards. This documentation must be included with the contract application to be considered for participation in the provider network.

10. All meal provider applicants must submit a valid Food Safety Permit or most recent Health Department Inspection Report for each food preparation site used to provide contracted services. Documentation must demonstrate compliance with applicable federal, state, and local food safety regulations.

    Failure to provide current food safety documentation will render the applicant ineligible for consideration as a contracted meal provider.

11. All residential setting providers (e.g., Adult Foster Care Homes, Homes for the Aged, Assisted Living Facilities) and non-residential setting providers (e.g., Adult Day Centers) must comply with the MDHHS–Michigan Department of Licensing and Regulatory Affairs (LARA) Joint Guidance for the Home and Community-Based Services (HCBS) Final Rule.

As part of the contracting process:

a. NEMCSA – Region 9 AAA will conduct an onsite visit to survey the provider setting for compliance with HCBS requirements.
b. Following the AAA's onsite review, MDHHS must verify compliance and issue the final approval designating the setting as HCBS compliant.
c. A contract cannot be finalized with any residential or non-residential setting provider until MDHHS has granted HCBS compliance approval.

Providers are responsible for ensuring their setting maintains ongoing compliance with HCBS standards as a condition of participation in the network.

12. An on-site pre-contract review will be conducted prior to accepting any organization as an approved provider of services. All policies, procedures and practices will be reviewed to ensure compliance prior to the AAA Director signing an agreement. In rare instances, providers may be allowed to mail in supporting documentation. This is typically allowed for vendors that are located significantly outside of the service area of the AAA or offer a limited scope of service (ex. Snowplowing).

13. Providers will be made aware that, as per the Purchase of Service Agreement, no MI Choice Waiver participant may be solicited for, nor will they accept additional or supplemental funding, obligations, or contributions in addition to the agreed upon and contracted rate for reimbursement.

14. Providers must provide proof of required insurance coverages and limits as outlined in the contract. Proof of insurance must include an ACORD Certificate of Liability Insurance listing NEMCSA as an additional insured on the general liability policy. Business/Finance staff will review insurance documentation at least annually to ensure that all required coverages and limits remain current and valid.

15. Provider Designation: Upon meeting all preceding requirements outlined in this policy, including submission of required documentation, verification of eligibility, compliance with licensure, registration, insurance, CHAMPS enrollment and other applicable standards, and an executed subcontract agreement, the agency will be designated as a Purchase of Service Provider.

    At that time:
    a. A provider folder will be maintained electronically,
    b. The provider's information will be added to the provider network listing, and
    c. Business/Finance staff will be notified of the need for entry into the applicable Information Technology System(s).

16. Providers receive information concerning requirements that must be met to continue participation in the AAA provider network, including, but not limited to:
    a. Contract requirements per MDHHS, ACLS Bureau as well as local agency requirements
    b. Service definitions and requirements

c. Complaint Process including Appeals and Grievances
d. Person-centered service delivery requirements
e. Health, safety, and welfare
f. Mandated abuse, neglect, exploitation, and other critical incident reporting
g. Mandated fraud, waste, and abuse reporting
h. Mandatory Staff Training Requirements
i. Service Need Levels and Priority Classifications
j. Medicaid Provider Manual – MI Choice Chapter
k. Provider Toolbox

Documents, forms, and manuals are available electronically on NEMCSA's website, and a hard copy may be requested at no charge to the provider by emailing requests to aaa-compliance@nemcsa.org

17. AAA staff will be notified when changes are made to the provider network listing.

18. The MI Choice Compliance Officer submits a listing of all contracted Purchase of Service vendors within 60 days of the effective date of the contract and within 30 days as changes occur to MDHHS. The provider network will maintain at least 125% capacity.

19. If it is determined by the Program Director that the provider panel is not sufficient, efforts will be made to increase the number of qualified providers by seeking out vendors, advertising, peer referrals, etc.