Region 9 AAA	Local Policy #	V-5
Policy Name:	**Provider Requirements Policy**	
Original Policy Date:	March 2024	
Review Date:		
Revise Date:	July 2024, January 2025, September 2025	

Policy:

Providers must meet compliance requirements to assist in maintaining the health, safety and welfare of participants receiving services administered and funded by the NEMCSA – Region 9 Area Agency on Aging (AAA).

NEMCSA – Region 9 AAA authorizes the provision of service to community-based care program participants. In addition to authorizing the provision of services, NEMCSA – Region 9 AAA determines the status of the qualifications and certifications (if applicable) for all service providers, negotiates and enters into contract with providers, and reimburses providers. Only providers meeting the requirements are permitted to participate in AAA's community-based care programs.

Providers must be qualified and eligible to participate in state or federally funded programs in accordance with compliance requirements set forth by the Michigan Department of Health and Human Services (MDHHS), Bureau of Aging, Community Living, and Supports (ACLS Bureau), NEMCSA – Region 9 AAA, and other federal or state laws as applicable. Additionally, MI Choice Waiver providers must meet the minimum service standards and conditions of participation as outlined in the Medicaid Provider Manual, MI Choice Waiver chapter.

It is the policy of the AAA to ensure providers understand, meet, and maintain the requisite requirements to continue provision of service to community-based care program participants.

This policy pertains to NEMCSA and their contracted providers.

Definition:

Home-Based Service Providers: MI Choice waiver home-based services include 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.

Purpose:

This policy aids providers in meeting operating standards and compliance requirements set forth by the MDHHS, ACLS Bureau, NEMCSA – Region 9 AAA, and other federal or state laws as applicable.

Procedures related to Contractual Requirements and Standards

1. NEMCSA – Region 9 AAA uses written contracts to subcontract with individuals or entities. The written purchase of service subcontractor agreement and supplement covers:
    a. Terms of Agreement
    b. Termination of contract clause
    c. Minimum operating standards and compliance requirements
    d. Purchase of Service Agreement including services to be rendered, rates, payment, and reporting information.
    e. Verification of signing authority from the provider

2. Use of Restraints, Seclusion or Restrictive Interventions: Providers are prohibited from using seclusion or restrictive interventions in addition to using restraints. An exception to restraints or restrictive intervention is bed rails or bed canes.
    a. If bed rails or bed canes are used, this must be based upon assessed need for the participant and documented in the person-centered service plan.
    b. If the participant resides in a provider-controlled setting, there must be an order from a licensed medical professional, and this must be kept on file in the participant's case record.
    c. As per requirements in federal law and the Home and Community-Based Services Chapter in this Manual, the use of bed rails or bed canes must be reviewed on an annual basis to ensure they are still required. If no longer required, the bed rail or bed cane must be removed.

3. Contributions: Providers are not allowed to:
    a. Require or accept monetary donations from participants of the MI Choice waiver program as a condition of participation in the MI Choice waiver.
    b. Accept payment for services not covered under the contract.
    c. Solicit contributions from program participants.
    d. Offer for sale any type of merchandise or service.
    e. Seek to encourage the acceptance of any belief or philosophy by any program participant.

4. Confidentiality: Providers must have procedures to protect the confidentiality of information about participants or persons seeking services collected in the conduct of its responsibilities. 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/her legal representative. 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 client information), so long as access is in conformity with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Providers must maintain all client information in controlled access files. This requirement applies to all protected information whether written, electronic, or oral.

5. Residential Setting Providers must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4) as well as in the Home and Community-Based Services Chapter of the Medicaid Provider Manual. Residential Setting Providers must be compliant with this ruling before the service provider may furnish services to a waiver participant.

6. Notifying Participant of Rights: Providers must notify each participant, in writing, at the initiation of service of his/her right to comment about service provision or appeal the denial, reduction, suspension, or termination of services. Such notice must also advise the participant that they may file complaints of discrimination with NEMCSA – Region 9 AAA, the Department of Health and Human Services Office of Civil Rights, or the Michigan Department of Civil Rights.

7. Participant Assessments: Providers of home-based services must avoid duplicating assessments of individual participants to the maximum extent possible. Home-based service providers must accept assessments conducted by NEMCSA – Region 9 AAA and initiate home-based services without having to conduct a separate assessment unless there is a legitimate reason to conduct the separate assessment.

8. Participant Records: Each care provider of home-based services must maintain comprehensive and complete participant records that contain, at a minimum:
    a. Details of the request to provide services.
    b. A copy of NEMCSA – Region 9 AAA's evaluation of the participant's need (assessment, reassessment).
    c. Service authorizations or work orders.
    d. Providers with multiple sources of funding must specifically identify waiver participants; records must contain a listing of all dates of service for each participant and the number of units provided during each visit.
    e. Notes in response to participant, family, and NEMCSA – Region 9 AAA agency contacts (not required for home delivered meal programs).
    f. A record of release of any personal information about the participant and a copy of a signed release of information form.

9. Documentation of Service: Providers must have procedures in place for obtaining participant signatures on the time sheets (or similar document) of direct care workers to verify the worker provided the work ordered by the NEMCSA – Region 9 AAA. Electronic Visit Verification (EVV) systems take the place of this requirement as long as the electronic visit verification system is available to NEMCSA – Region 9 AAA and their providers. Documentation must include:
    a. Date of service
    b. In and out times
    c. Services provided
    d. Provider signature
    e. Participant signature

10. NEMCSA – Region 9 AAA will inform service providers promptly of new service standards or any changes to current service standards.

11. Record Retention: Providers must:
    a. MI Choice Waiver standard: Keep all records (written, electronic, or other) pertaining to participants and services confidential in controlled access files for a minimum of 10 years.
    b. ACLS standard: Keep all records (written, electronic, or other) pertaining to participants and services confidential in controlled access files for a minimum of 7 years.

12. Additional Conditions: Providers of home-based services must ensure that their employees or volunteers who enter and work within participant homes abide by the following additional conditions:
    a. Refrain from smoking in participants' homes.
    b. Demonstrate the ability to communicate adequately and appropriately, both orally and in writing, with their employers and the participants they serve. This includes the ability to follow product instructions properly in carrying out direct service responsibilities (i.e., read grocery lists, identify items on grocery lists, and safely use cleaning and cooking products).
    c. Refrain from using their cell phones for personal use while in a participant's home. Exceptions may be made in cases of emergency. Service providers should engage with the participants while furnishing the services specified on the person-centered service plan.
    d. Abstain from bringing family or other unauthorized visitors to participant homes.

13. Grounds for Termination: Providers must not threaten or coerce participants in any way. Failure to meet this standard is grounds for immediate termination.

14. Insurance Coverage: Providers must have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty or fraud. Insurance coverage sufficient to reimburse MDHHS or NEMCSA – Region 9 AAA for the fair market value of the asset at the time of loss must cover all buildings, equipment, supplies, and other property purchased in whole or in part with funds awarded by MDHHS.
    a. The following insurances are required for providers:
        i. Worker's compensation
        ii. Employers Liability Insurance
        iii. Unemployment
        iv. Property and theft coverage, including crime theft
        v. Fidelity bonding (for persons handling cash)
        vi. No-fault vehicle insurance (for agency-owned vehicles)
        vii. General liability and hazard insurance (including facilities coverage)
        viii. Privacy and Security Liability (Cyber Liability) Insurance including coverage for information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability
        ix. Sexual Molestation and Abuse Liability

x. Insurance to protect NEMCSA – Region 9 AAA or direct service provider from claims that may arise out of, are alleged to arise out of, or result from a Provider Agency's performance (NEMCSA must be listed as additional insured)

b. MDHHS recommends the following insurances for additional protection:
   i. Professional liability (both individual and corporate)
   ii. Umbrella liability
   iii. Errors and Omission Insurance for Board members and officers
   iv. Special multi-peril
   v. Reinsurance/Stop-loss insurance

c. Refer to the Purchase of Service (POS) contract for additional insurance coverage details including minimum limits.

15. 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.

16. Staffing: Providers must:
    a. Employ competent personnel who have the necessary skills to provide quality supports and services to participants at levels sufficient to provide services pursuant to the contractual agreement.
    b. Demonstrate an organizational structure including established lines of authority.

17. Contact Source: Each provider must identify a contact person with whom NEMCSA – Region 9 AAA can discuss work orders and service delivery schedules or problems.

18. Staff Identification: Providers (paid or unpaid) who enter 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.

19. Providers must operate in compliance with all applicable rules and laws related to:
    a. Civil Rights
    b. Nondiscrimination (Section 1557: Patient Protection and Affordable Care Act)
    c. Equal Employment
    d. Drug Free Workplace
    e. Americans with Disabilities Act

20. Standard Precautions: Providers must:
    a. Evaluate the occupational exposure of employees to blood or other potentially infectious materials that may result from the employee's performance of duties.
    b. Establish appropriate standard precautions based upon the potential exposure to blood or infectious materials.

c. Develop an exposure control plan that complies with the Federal regulations implementing the Occupational Safety and Health Act (for employees who may experience occupational exposure).
d. Supply personal protective equipment (gloves, gowns, foot/eye protection, masks, etc.) when appropriate to minimize exposure to infectious materials or other hazards.

Billing Procedures

1. Community Based Care (CBC) Billing Procedures include:
    a. Providers must submit bills to the AAA detailing the date of service, the type of service, the unit cost, and the total number of units provided for each CBC participant served. Supporting backup documentation must be provided.
    b. Billing is processed first in, first out.
    c. Service providers may bill monthly. However, exceptions may be granted for submissions exceeding $50,000 in a given month. Email: CBC-Billing@nemcsa.org.
    d. The AAA will not accept bill vouchers that are for more than 3 months following the month of service.
    e. The AAA will match and verify provider bills against the participant's approved PCSP using COMPASS data system. Services provided without a written service authorization from AAA staff are not reimbursable.
    f. Providers are prohibited from billing participants for services directly.

2. CBC Payments Procedures include:
    a. The AAA processes payment for all verified bills submitted by providers.
    b. The AAA makes payments only for services authorized within the PCSP and delivered to the participant.

3. Supporting Backup Documentation for Billing: Service providers are required to submit supporting documentation with billing claims as specified in the Purchase of Service (POS) Contract Supplement for their provider type. Documentation expectations and requirements may vary by service category and must be followed in full for claims to be processed. Failure to provide the required supporting documentation may result in delayed payment, claim denial, or recovery of funds.