

## PROVIDER APPLICANT SUBMISSION REQUIREMENTS

**PROVIDER APPLICANTS** need to submit the following, as applicable:

- ☐ Completed Subcontractor Application
- ☐ Copies of Criminal Background Checks for Authorized Representatives listed on the Subcontractor Application (*e.g., ICHAT, State Sex Offender, National Sex Offender, LEIE, SAM.gov, Michigan List of Sanctioned Providers*)
- ☐ Copy of Required Licensure(s) – *e.g., AFC, HFA, RN, Chauffer, Contractor*
- ☐ Completed Attestation of False Claims Act Policy
- ☐ Proof that the Assurance of Compliance form was submitted to the DHHS Office for Civil Rights
- ☐ Proof of Required Insurance Coverages with **NEMCSA listed as an additional insured.**
- ☐ Vendor View / Vendor Billing Enrollment Form
- ☐ Vendor Billing Certification (one form completed for each person submitting invoices)
- ☐ CHAMPS Enrollment Verification for FI, CLS and Respite providers – Enrollment into the state EVV system will also be required per contract
- ☐ **PERS providers:** UL Certificate
- ☐ **Meal Providers:** Food Safety Permit or Inspection Report

Policies/Procedures for the following must also be submitted, as applicable:

- ☐ Participant Confidentiality and Privacy Practices
- ☐ Participant Appeals/Grievances
- ☐ Participant Feedback/Evaluation
- ☐ Participant Rights/Responsibilities
- ☐ Emergency Plan / Emergencies in Participants Home
- ☐ Personnel Policies
- ☐ Recruitment, Training and Supervision
- ☐ Reference Checks
- ☐ Reporting of Abuse, Neglect, Exploitation or Other Critical Incidents
- ☐ Criminal History Background Checks / Screens
- ☐ Verification of Driver's License & Insurance
- ☐ Standard Precautions and Occupational Exposure to Infectious Disease Procedures
- ☐ CPR Certification
- ☐ Supervisory Visits
- ☐ Written Procedures to Govern Administration of Medications (both Prescription and Over the Counter)
- ☐ Policy/Procedure for Notifying NEMCSA Supports Coordinators of:
  - changes in participant's condition or status
  - non-service due to participant not at home, death, institutionalization, hospitalization, personal choices
  - upcoming appointments the participant may have
  - when paid staff fail to show up at the participants home as scheduled

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- ☐ Records Retention Policy
- ☐ Fraud, Waste and Abuse Policy
- ☐ Orientation Schedule
- ☐ Annual Employee Training Plan
- ☐ Copy of In-Home Journal for NEMCSA Approval (including EVV systems)

Please submit all contract requirements together as one package or email. **\*A new contract is required for entities with a change in ownership under a new FEIN.**

**If you have any questions regarding the Contract,  
please contact:**

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