

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*). The authorized representative must have signatory authority to execute contracts on behalf of the business
- Copy of Required Licensure(s) – *e.g., AFC, HFA, RN, Chauffeur, Contractor*
- Completed Attestation of False Claims Act Policy
- Proof that the Assurance of Compliance (HHS Form 690) was submitted to the DHHS Office for Civil Rights – complete electronically via the portal linked in the form to receive proof of submission
- Proof of Required Insurance Coverages with **NEMCSA listed as an additional insured**
- Vendor View / Vendor Billing Enrollment Form
- Provider Certification for Billing (*one form completed for each person submitting invoices*) – page 2 of Vendor View and Vendor Billing Enrollment Form
- Fiscal Intermediary, Community Living Supports, and Respite providers:*** CHAMPS Enrollment Verification – 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, Standards of Conduct
- 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 / First Aid Training or 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

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- 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
- 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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