

ADDENDUM A

HOME & COMMUNITY BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED	NEMCSA USE ONLY
PURCHASE OF SERVICE AGREEMENT	Begin Date: 10/01/2024
	End Date: 09/30/2025

This Agreement, effective October 1, 2024, negotiated between Northeast Michigan Community Service Agency, NEMCSA, and _____ the Provider Agency, outlines the services that may be purchased from the latter party.

SERVICES TO BE RENDERED

NEMCSA may purchase services from the Provider Agency, if selected from the Direct Service Purchasing pool. Services are purchased at the levels specified in the Care Management/Waiver Plan of Care on a per participant basis as developed by the NEMCSA Supports Coordinators. Provider activities must meet service definitions and all standards presented in the Service Definitions and Standards, as established by the Department of Health and Human Services.

PAYMENT AND REPORTING

The Provider Agency will receive payment for approved services delivered through a **MONTHLY** reimbursement method. Checks are made payable to the Provider Agency each month upon receipt and approval of billing voucher by NEMCSA. Bill vouchers received after the 15th day of the month will be processed with the next month's vouchers. No voucher will be accepted that is more than 3 months following the month of service. Services provided without a written service authorization from NEMCSA staff are not reimbursable.

The amount to be reimbursed is established from the charge or bid presented in this Agreement. The Provider Agency must establish accessible record systems to verify that all programmatic and fiscal information reported and make such records available for review by the NEMCSA staff and/or Department of Health and Human Services.

COST PER UNIT (inclusive of all costs) If more lines are required, use separate sheet of paper.

<u>SERVICE</u>	<u># Participants You Anticipate You Can Serve</u>	<u>PER UNIT BID PRICE</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

LENGTH OF AGREEMENT

Fiscal Year 2025: Approved Period: From October 1, 2024 through September 30, 2025

SIGNATURES

Signature of NEMCSA Representative

NEMCSA-AAA Director

Title

Date

Signature of Provider Agency Representative

Title

Date

ADDENDUM B

HOME & COMMUNITY BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED	NEMCSA USE ONLY
MINIMUM STANDARDS ASSURANCE	Begin Date: 10/01/2024
	End Date: 09/30/2025

Any service purchased by NEMCSA must be in compliance with the Department of Health and Human Services and NEMCSA service definitions, unit definition, and minimum standards of operation.

As a Provider Agency for NEMCSA, _____

HEREBY ASSURES the persons involved in implementing the Subcontractor Agreement have read the minimum standards for each of the services for which service may be purchased by NEMCSA from the Provider Agency.

FURTHERMORE, the Provider Agency assures that it is completely in compliance with all standards for the following services and will maintain compliance with these standards throughout the term of this Agreement. (List all services/**HCPC Code** for which the Provider Agency is proposing to make available for purchase by NEMCSA).

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

FURTHERMORE, the Provider Agency assures that it possesses insurance coverage as required by the Department of Health and Human Services in the Service Standards/Definitions, that **NEMCSA is listed as an additional insured under such insurance coverage, and that a Certificate indicating that NEMCSA is an additional insured under such insurance coverage is included as an appendix to this agreement. The Provider Agency understands that service purchasing cannot begin until such time as NEMCSA has in its possession such a Certificate of Insurance.**

This assurance is given in consideration of and for the purpose of obtaining Federal or State funds through a purchase of service arrangement with NEMCSA. The Provider agency recognizes and agrees that any approved financial assistance will be extended based on agreements made in this assurance and that NEMCSA shall have the right to seek enforcement of this assurance.

This assurance is binding on the Provider Agency, its successors, transferees, and assignees.

SIGNATURES

Signature of NEMCSA Representative

Signature of Provider Agency Representative

NEMCSA-AAA Director

Title

Title

Date

Date