



CONDITIONS OF PARTICIPATION

Care Management and MI CHOICE Long Term Care Waiver

CONDITIONS SUMMARIZED

Condition 1. Agency Structure

The provider must be a formally organized business or service agency that is operating in the community at the point of application.

Condition 2. Physical Facility

The provider must have a physical facility from which to conduct business.

Condition 3. Administrative Policies

The provider must have written procedures supporting the operation of business and service.

Condition 4. Personnel Policies

The provider must have written personnel policies that support personnel practices.

Condition 5. Service Delivery

The provider must deliver services in compliance with service specification(s) and in accordance with the plan designed and authorized by the Care Management/Waiver Program.

Condition 6. Compliance

The provider must comply with all contract requirements, Conditions of Participation, relevant service standards and monitoring and reporting requirements of the Area Agency on Aging of Western Michigan (AAAWM) Care Management/Waiver Programs.

CONDITION 1. AGENCY STRUCTURE

The provider must be a formally organized business or service agency that is operating in the community at the point of application.

Required Elements:

- 1.1 The provider must disclose ownership and have a written statement defining the purpose of their business or service agency.
- 1.2 The provider must have a written statement of policies and directives or bylaws or articles of incorporation.
- 1.3 The provider must have a written table of organization that clearly defines lines of administrative authority and responsibility to the direct care level.*
- 1.4 The provider must not operate the business in violation of any applicable Federal, State, and Local laws.
 - 1.4.a The provider must have a written statement supporting compliance with non-discrimination laws, federal wage and hour laws and Workers' Compensation Laws in the recruitment and employment of individuals.
 - 1.4.b The provider must operate in compliance with Michigan Department of Consumer and Industry Services, Bureau of Safety and Regulation, Division of Occupational Health requirements for policy and procedure enforcement for occupational exposure to Tuberculosis (TB) (P.A. 154 of 1974, Occupational Health Directive No. 96-9, OH-151 (12-96),
 - 1.4.c The State of Michigan prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances in the provider's workplace.
 - 1.4.d The provider must operate in compliance with the Americans with Disabilities Act (PL 101-136).

*Not applicable to self employed individual.

CONDITION 2. PHYSICAL FACILITY

The provider must have a physical facility from which to conduct business.

Required Elements:

- 2.1 The provider must have a telephone to receive orders for service.
- 2.2 The provider must designate and utilize a locked storage space for the maintenance of all Care Management/Waiver Program client records.

CONDITION 3. ADMINISTRATIVE POLICIES

The provider must have written procedures supporting the operation of business and service.

Required Elements:

- 3.1 The provider must have a system to document services delivered and billed.
- 3.2 The provider must have sufficient insurance to indemnify loss of federal, state and local resources, due to casualty or fraud, and to cover the fair market value of the asset at the time of loss.

Insurance coverage required for each program are: 1) Workers' Compensation; 2) Unemployment; 3) Property and Theft; 4) Fidelity Bonding (for persons handling cash); 5) Facility insurance; 6) No-fault vehicle insurance (for agency owned vehicles).

The following insurance policies are recommended for additional agency protection: 1) Insurance to protect the program from claims against program drivers; 2) Insurance for board members and officers; 3) Professional liability; 4) General liability; 5) Malpractice; and, 6) Special multi-peril.
- 3.3 The provider must have a written procedure for reporting and documenting all incidents which affect a clients physical or emotional well being.
 - 3.3 a The provider shall be prepared to bring to the attention of appropriate officials for follow up, conditions or circumstances which place the client, or the household of the client, in imminent danger.
 - 3.3 b The provider shall be prepared to make arrangements for the availability of services to clients in weather related emergencies, as appropriate.
- 3.4 The provider must notify the Care Management/Wavier Programs Administrative Agency of any incidents and document the notification.
- 3.5 The provider must evaluate the occupational exposure of employees to blood or other potentially infectious materials that may result from the employee's performance of duties. The provider must establish the following:
 - 3.5 a. Appropriate universal precautions based upon the potential exposure to blood or infectious materials.
 - 3.5 b. An exposure control plan which complies with Federal regulations implementing the Occupation Safety and Health Act (OSHA).
- 3.6 The provider must maintain comprehensive and complete client records. Please refer to the Minimum Operating Standards and Definitions for each service. Files shall be made available to authorized representatives of AAAWM, the State of Michigan, and or Health Care Financing Administration. At a minimum the client records shall contain:
 - 3.6 a A copy of the Care Management/Waiver assessment.

- 3.6 b A copy of the client approved Confirmation of Purchased Services Form and corresponding service adjustments.
 - 3.6 c Provider must specifically identify clients being serviced through the Purchase of Service Agreement with AAAWM and have a separate audit trail from other business activities. Records must contain a listing of all contacts (dates of services) paid for with AAAWM funds and the units of services provided to clients.
 - 3.6 d Separate and specific notes in response to client, family, and other contacts pertaining to the agency's provision of service to each client.
 - 3.6 e A record of release of any personal information about the participant and/or a copy of a signed release of information form.
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- 3.7 The provider must maintain signed and dated documentation of each client contact within the client record. Documentation of services provided in the home must include start and stop times.
 - 3.8 Contracted providers must keep all participant records (written, electronic, or other) confidential and in controlled access files for at least six years following the date of participant service termination.
 - 3.9 Provider will refer all requests made to Waiver clients for release of information to clients Care Manager for determination that the release is appropriate and acceptable to the client shall then secure the appropriate release.
 - 3.10 Providers who will be providing client services on a basis of more than five days per week, and/or evenings or overnight must arrange to have available for 24 hour reference one or more qualified professionals for the purpose of supervision, problem solving and back-up.
 - 3.11 The provider must notify each client, in writing, at the time services is initiated of his or her right to comment about service provision or appeal the termination of services. Such notice must advise the client that he/she may file complaints of discrimination with the service provider, Area Agency on Aging of Western Michigan, Department of Health and Human Services Office of Civil Rights, or the Michigan Department of Civil Rights.
 - 3.12 The provider must establish a written termination policy that documents the reason for the termination of the participants services.

CONDITION 4. PERSONNEL POLICIES

The provider must have written personnel policies that support personnel practices.

Required Elements:

- 4.1 The provider must have written job descriptions or statements of job responsibilities

which include qualifications (as applicable to service) for each position category involved in the direct delivery of services.

- 4.2 The provider must have a written policy to conduct and document performance appraisals for all individuals involved in the direct delivery of services.*
- 4.3 The provider must have documentation signed and dated by the staff member which indicates completion of an orientation prior to servicing a Care Management/Waiver Program client which includes:
 - 4.3 a. The providers purpose, policies and procedures including but not limited to:
 1. Employee position description/expectations
 2. Agency personnel policies
 3. Reporting procedures and policies
 4. Agency organizational chart
 5. Lines of communication
 - 4.3 b. Training which includes at a minimum, the following topics:
 1. Introduction to Medicaid Waiver/Long Term Care Programs
 2. Aging Network
 3. Maintenance of records and files
 4. The Aging Process
 5. Working with disabled individuals
 6. Ethics
 7. Emergency procedures
- 4.4 The provider must have a written policy to assure that all client information, whether written, oral, or electronic, remains confidential.
- 4.5 The provider must have a written procedure defining the process by which a staff member can register a complaint or grievance.
- 4.6 The provider must maintain a personnel file on every staff member (including volunteers and contract workers) who provides service.

This file must include: *

 - 4.6 a A resume or application for employment that includes work history.
 - 4.6 b Documentation of provider attempts to confirm employee previous work experience, training and employment.
 - 4.6 c Written verification of all required licensure/certification.
 - 4.6 d A copy of annual performance appraisals signed by the staff member.
- 4.7 Each provider staff person, paid or volunteer who enters a client's home shall display proper agency picture identification.
- 4.8 Each program must require and thoroughly check references of paid staff that will be entering a client's home. Documentation is to include successful and unsuccessful attempts to check references.



- 4.9 Each program must conduct a criminal background review through the Michigan State Police for each paid and/or volunteer staff person who will be entering clients' homes.
- 4.10 Both volunteer and paid staff of adult day health, in-home care, and home delivered meal providers must receive in-service training at least twice each fiscal year which is specifically designed to increase their knowledge and understanding of the program and participant and to improve their skills at tasks performed in the provision of service. Comprehensive records identifying dates of training and topics covered are to be maintained in each employee's personnel file. An individualized in-service training plan should be developed for each staff person when performance evaluation indicates a need.
- 4.11 No paid or volunteer staff person may solicit contributions from clients, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any client.
- 4.12 The provider must have procedures in place for obtaining client signatures on the time sheet (or similar document) of direct care workers to verify that the worker provided the services ordered by Area Agency on Aging of Western Michigan.
- 4.13 The provider must establish a policy in place prohibiting direct care workers from smoking in client homes.
- 4.14 The provider must assure Area Agency on Aging of Western Michigan that all direct services workers will demonstrate ability to speak, read and write in English.
- 4.15 The provider must establish a policy prohibiting direct care workers from threatening or coercing the clients in any way. Failure to establish this policy and meeting this standard is grounds for immediate termination of the contract and notification of the proper authorities.

* Not applicable to self employed individual.

CONDITION 5. SERVICE DELIVERY

The provider must deliver services in compliance with services specifications and in accordance with the plan designed and authorized by the Care Management and MI CHOICE Long Term Care Programs.

Required Elements:

- 5.1 The provider must acknowledge acceptance of client referral for consideration of service, within one (1) working day of the Care Management/ Wavier Program request.
- 5.2 The provider must initiate services based on verbal service and/or equipment orders. Such verbal requests will be confirmed in writing by the Care Management/Waiver Program staff.

Attachment II



- 5.3 The provider must collaborate with the Care Management/Waiver Program regarding issues of service delivery and client status. The provider must immediately notify the Care Management/Waiver Program staff of the following; change in client status, change in client location, and client admission to an institution.
- 5.4 The provider must designate a contact person with whom Long Term Care Program staff can discuss work orders and service delivery schedules or problems.
- 5.5 The provider must not increase or decrease units of client service or change a schedule without prior approval by Care Management/Waiver Program staff. Increases without prior authorization shall not be reimbursed by AAAWM /State of Michigan, nor be billable to the client.
- 5.6 The provider must make all reasonable efforts to deliver services as authorized (See Priority Classification System).
 - 5.6 a. In the event of a staff member absence the provider must furnish a substitute to deliver the services as authorized by the Care Management/Waiver Program.
 - 5.6 b. In the event services cannot be delivered as authorized, provider shall notify Care Management/Waiver Program staff of the following information; client name, reason service cannot be delivered, and if subsequent service orders will be affected.
 - 5.6 c. In situations of potential client and/or provider staff jeopardy, the provider must participate in Care Management/Waiver Program problem resolution to promote continuing service delivery.
 - 5.6 d. Services ordered may not be subcontracted to another entity without prior authorization by AAAWM.
- 5.7 The provider must maintain documentation as required by the relevant Service Standards.
- 5.8 Under Federal Rules of Participation for the Waiver Program, a provider cannot be reimbursed for time spent traveling to a client's Home if no service is provided.
- 5.9 Services to be provided under AAAWM Purchase of Service Agreement must not duplicate services available under Medicare, Medicaid or other third party resources for which the provider may be enrolled.
- 5.10 The provider shall avoid any duplication of Area Agency on Aging of Western Michigan client assessment to the maximum extent possible. Providers may accept assessments conducted by Area Agency on Aging of Western Michigan and initiate services without having to conduct separate assessment.
- 5.11 Each in-home care program shall employ a registered nurse (RN) who supervises program staff and is available to staff when they are in a client's home.
- 5.12 Each in-home care program shall establish written procedures to govern administration of medications which includes at a minimum:

- 5.11a. Who is authorized to assist participants in taking their prescription(s) or over the counter medications and under what conditions such assistance may take place.
- 5.11b. Verification of prescriptions and dosages. All medications shall be maintained in their original, labeled containers.
- 5.11c. Instructions for entering medication information in client files.

CONDITION 6. COMPLIANCE

The provider must comply with all contract requirements, conditions of participation, relevant service standards and monitoring and reporting requirements of the Waiver Programs.

Required Elements:

- 6.1 The provider must furnish documentation demonstrating that all requirements outlined in the applicable service standards have been met.
- 6.2 The provider must allow authorized representatives of AAAMW Care Management/MiChoice Programs, the State of Michigan and Health Care Financing Administration, access to the provider facility and full access to policies and procedures, records and other documents related to the provision of service to Care Management/Waiver Program clients. The provider must cooperate with said representatives in periodic reviews.
- 6.3 The services providers must successfully maintain Waiver Program Certification and a Medicaid Provider Enrollment.
 - 6.3 a The provider must complete a Michigan Medicaid Provider Enrollment Agreement to be maintained on file at AAAMW.
 - 6.3 b The provider must sign a Purchase of Service Agreement with AAAMW.
 - 6.3 c The provider must agree to receive reimbursement for services rendered at the unit rate agreed upon with AAAMW as payment in full.
- 6.4 The provider must bill, by date of service, on a monthly basis for only those units of service authorized and delivered and have dated documentation, * (signed by the client upon completion of service rendered) for each unit of service delivered. Bills must include client ID number, date of service, units of service, type of service and unit cost. Clients must not be asked to sign blank time sheets.
- 6.5 The provider must submit and/or resubmit all invoices for services on a monthly basis. Fiscal year end bills for services provided between October 1 and September 30 will not be accepted or considered for payment if received after 45 calendar days following the fiscal year end (September 30). All invoices must be received by Area Agency on Aging of Western Michigan by November 15 following the fiscal year end.

Attachment II



- 6.6 The provider must not bill any Care Management/Waiver client for services delivered OR solicit a client for donation.
- 6.7 The provider recognizes that the MiChoice Program will assume responsibility for determining client eligibility.
- 6.8 The provider certifies that it has not been suspended or debarred by the United States Government from receiving federal funds.

*(signed by the client): Not applicable to Home Delivered Meals, [Personal Emergency Response Systems](#), and Durable Medical Equipment and supplies.