REGION 3B AREA AGENCY ON AGING

CareWell services SOUTH WEST

PROMOTING HEALTH • INDEPENDENCE • CHOICE

CONTRACTED SERVICE PROVIDER SERVICE STANDARDS

Contract Service Guidelines & General Operating Standards

FY 2021

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Overview of Programs within CareWell Services SW

Region 3B Area Agency on Aging DBA as CareWell Services Southwest serves as a contract agent to the Michigan Department of Health and Human Services (MDHHS) for provision of the Home and Community Based Waiver Services for Elderly and Disabled (HCBS/ED) and Waiver Program (MI-Choice Waiver). CareWell Services SW program serves Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties. The MI-Choice Waiver program funds a variety of home and community-based services to functionally frail and medically comprised adults aged 18 years and older who, without such services, would require nursing facility level of care. MI-Choice Waiver increases traditional Medicaid services to enable people in need of nursing facility care to remain in their community to receive their long-term care.

A key component of the program is the ongoing care management (CM) services. CM services help individuals access needed home and community-based care. CM identifies the needs of participants through a comprehensive assessment for specifying and managing these home care services according to the participant's choices for services. All services are delivered with the participant's needs, wishes, preferences and desires in mind this philosophy of care known as person-centered care.

Community Based Programs and Services

In addition to the MI-Choice Waiver Program, CareWell Services Southwest offers a variety of services to meet the needs of seniors, persons with disabilities and caregivers in our service area funded by a combination of state and local funding sources. CareWell Services is designated as an Area Agency on Aging (AAA) servicing Barry and Calhoun counties. In addition to direct services provided through CareWell, AAA administers grants provided to local agencies to fund programs and services that include long-term care, transportations, home-delivered and congregate meals, kinship support programs, legal services, adult day care and respite, senior center programming, and health education and evidenced based programs.

Care Management

Funding through the Older Americans' Act and Older Michiganian Act from MAASA provides nursing home eligible seniors who desire to remain in their home access to services which supports their independence. Services include ongoing care management, personal care and other in-home services, nursing facility transition, housing support, transportation, respite care, etc. State-funded care management serves seniors over age 60, while Medicaid-funded care management is available for persons 18 and over who are medically frail.

Health Access Hub

The Health Access Hub includes programs that promote health, independence and choice for seniors and caregivers. Programs include resource navigation and referral; supportive health coaching and care decision support for persons navigating health care systems; evidence-based health and wellness programs such as Matter of Balance, Positive Action Toward Health and the Aging Mastery Program®. Other programs offered include elder abuse prevention and case management services, Dementia Friendly Communities initiatives and specialized dementia training and care supports programs; Medicare/Medicaid Assistance Program (MMAP), and the Home Safe PERS program.

MI-Health Link

The MI Health Link, funded by through the Centers for Medicare and Medicaid (CMS) through Integrated Care Organizations (ICO), serves dual eligible adults aged 21 and over, providing a coordinated, full continuum of care through a broad range of services that incorporate physical health, mental health and community based long- term care support and services. CareWell Services SW is contracted with the ICO health plans contracted with MDHHS to arrange services for and support the efforts of the health plans. The health plans assigned to our agency's ICO program are Meridian and Aetna.

Direct Service Purchase System

CareWell Services SW purchases needed services for participants from a pool of competing community and regional service providers. These providers are selected by our agency according to types of services offered, service areas covered and proposed reimbursement costs. The Direct Service Purchase (DSP) pool is established through formal agreements with chosen providers who submit 'per unit' bids for each service they plan to provide.

The number of enrolled providers in the DSP pool is regulated to ensure an adequate number of providers within each geographic location and to allow the participants a definite choice. Service providers may only deliver services to CareWell Services SW participants through a formal subcontract agreement between CareWell Services SW and the enrolled provider agency.

NOTICE: Obtaining a contract and being listed on our Provider Referral Listings does NOT guarantee referrals, as participants make the choice of providers under "person-centered planning."

CareWell Services SW's CM component is responsible for authorizing requested services and establishes the frequency and duration for all services purchased. Services available for bid are:

- Adult Day Health
- Chore Services
- Community Living Supports (CLS)
- Community Transportation
- Counseling Services
- Financial Management Services
- Home Delivered Meals
- In-Home Respite Care/Out of Home Respite Care
- Personal Emergency Response System (PERS)
- Nursing Services (Med Sets)
- Private Duty Nursing
- Training Services
- Personal Care Services (for MAASA)
- Homemaker Services (for MAASA)
- CLS in an Assisted Living

Additional Services available through the MI Choice Waiver Program:

- Fiscal Intermediary Services*
- Goods and Services*
- Nursing Facility Transition
- Environmental Accessibility Adaptations
- Specialized Medical Equipment and Supplies

(*Applies to participants enrolled in the self-determination program)

Contracting Providers - Notice of Compliance and Review Requirements

CareWell Services SW retains the right to access records, review, approve, and monitor the Provider or the Provider's compliance with all rules, regulations, and requirements applicable to the CareWell Services SW Care Management Programs and guidelines for all other programs. CareWell Services SW, MDHHS, MAASA and Centers for Medicare and Medicaid Services reserve the right, as a condition of funding, to require the development and implementation of required policies and procedures, along with staff training for compliance and for corrective action plans if the provider demonstrates inadequate performance.

CareWell Services SW retains the right to immediately terminate contractual agreements with any provider who, during the course of service delivery or by business practices, endangers the health and/or welfare any participant by being found to be in serious violation of any contractual requirements and fails a Corrective Action of said violations, and/or has been found to directly violate federal, state or local laws or statutes (also applying to fraudulent billing practices under the Federal and Michigan False Claims Acts). Appeals and Grievances do not apply in this contractual decision.

Funding Structure

CareWell Services SW uses a unit cost reimbursement structure to purchase direct care services. The Bid Agreement form (submitted when a provider is accepted for contract) is the formal agreement establishing a fixed unit cost reimbursement rate for each unit of service and type of service to be delivered. Monthly reimbursement from CareWell Services SW is based on the number of service units ordered by CM, provided by service agency and verified as delivered during the month.

NOTE: A Bid Agreement is only completed by Adult Foster Care and Homes for the Aged residential service providers to provide base rates for the facility, as Community Living Supports (CLS) units ordered are determined on a per participant basis and do not apply to "room and board" costs.

Target Population

Medicaid-funded programs serve persons 18 and over who are medically frail, while MAASA serves seniors over age 60. "Participants" are qualified as determined to be medically eligible for nursing home placement (utilizing the Michigan Nursing Home Level of Care Determination) and as financially eligible for Medicaid under the special expanded income guidelines. The participant(s) require at least one waiver service to receive services within CareWell Services SW programs. Participant eligibility for all services is determined by CareWell Services Southwests CM staff; it is the responsibility of CM to determine appropriate service interventions.

Service Provider Eligibility Standards

Eligible Organizations

Public, private non-profit or profit-making service organizations and political subdivisions of the state offering services meeting CareWell Services SW's DPOS minimum service standards are eligible to apply; providing we have sufficient participants in the system warranting an increase in providers.

Assurances

Providers Must comply with equal employment, service opportunity and disability/discrimination regulations in keeping with compliance in state and federal contracts. Therefore, providers are required to complete and

sign Assurances upon initiation of a contract with CareWell Services SW and annually, thereafter, to continue your contract with CareWell Services SW.

Assurances are the agreements signed by all service providers receiving funds from CareWell Services SW covering their delivery of ordered services and is the provider's "assurance/promise" of continued compliance with CMS, MDHHS, MAASA and CareWell Services SW and all other program collaborators' service definitions, unit definitions, and minimum service standards as prescribed along with all federal, state and local laws.

The following laws are highlighted and are mandatory in the Assurances' agreement:

1. Civil Rights Compliance/Equal Opportunity - Employment, Programs and Services

Service providers must not discriminate against any employee, applicant for employment or assignment, or against any CareWell Services SW applicant or participant.

Each service provider must complete an appropriate Federal Department of Health and Human Services form assuring compliance with the Civil Rights Act of 1964. Direct service providers Must also clearly post signs at agency offices and public locations where services are provided in English and other languages as appropriate, indicating non-discrimination in hiring, employment practices, and provision of services.

NOTE: As a contracted Provider, your business' compliance is affirmed when signing these Minimum Standards Assurance forms upon initial contracting (and annually thereafter), indicating your business administration/ownership has read the CareWell Services SW Contract with your agency, the DPOS Minimum Service Standards Manual and the Service Descriptions Minimum Service Standards and understands your responsibility for compliance under the contract for each service to be performed and delivered.

2. Debarment and Suspension

Vendors providing services for any CareWell Service program must verify that their owners and employees are not individually debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any department or contractor from receiving federal, state or local funds. This check includes all administrative staff having access to participant records and/or claims data, in addition to direct service staff. Employees must be checked upon hire and monthly thereafter. Proof of checking should be printed and kept in employee files for audit verification.

Providers are required to assure and certify to the best of its knowledge and belief that they, their employees, and their approved subcontractors are in compliance and are regularly screened for debarment and suspensions.

This information is available by checking the USOIG (Office of Inspector General) database: https://oig.hhs.gov/ and click on "Exclusions" and load your information. You should also check through the SAM.gov (System for Award Management) site: https://www.sam.gov/portal and click on "Search Records" to load your data. Licensed staff should be checked through LARA: https://www.lara.michigan.gov/ (Department of Licensing and Regulatory Affairs) for present or past suspensions on record.

Further, as stated in the DPOS service contract and in this manual, the provider agrees to notify CareWell Services SW should it or any of its owners, staff or approved subcontractors becomes debarred, suspended, or voluntarily excluded during the tem1 of this agreement.

3. Drug Free Workplace

The Federal Government and Michigan Department of Health and Human Services (MDHHS) prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances in all service provider workplaces. This will also require up-to-date Michigan Medical Marijuana policies/procedures for working with those participants and employees holding an authorized Michigan Medical Marijuana Usage Card.

4. Confidentiality

Each provider must have written policies and procedures in place, along with regularly scheduled training for all employees, to protect the confidentiality of information about participants and persons seeking services collected while conducting business. The procedures must ensure no information about a person seeking services or a present/past participant, or obtained from the pa1ticipant /person/family, or shared by a service provider (CareWell Services SW) is disclosed in a way that identifies the person or discloses any personal information without the informed consent of that pa1ticipant or their legal representative.

Participants referred for service to the provider will have a signed consent from CareWell Services SW but must also have a signed consent given to the direct service provider for any outside information request(s). This general ”Release of Information Form" issued by your agency and signed by the participant allowing your agency's participation in service delivery will not be sufficient to release any additional information to outside sources separate from CareWell Services SW. Contact the Supports Coordinator of record for the participant to notify our agency of a request for information regarding our participants' file/service records to obtain our agency' s written permission.

5. HIPAA

Upon contracting with CareWell Services SW, the provider will review and sign the HIPAA Business Associate Agreement issued with the CareWell Services SW contract. This Agreement is the statement of HIPAA compliance responsibilities for both the Contracting Agency (CareWell Services) and the Subcontractor Agency (the Provider) that requires both the Contracting agency and the Subcontracting agency to protect all information forms of PHI for participants in our service system. Only Authorized Signatures or Owners of the business can sign this document, as it is a legal part of your contract agreement with CareWell Services SW.

All providers are expected to be compliant with all HIPAA/HITECH/Omnibus 2013 regulations before contracting with CareWell Services SW. Prior to awarding a contract and during a scheduled Monitoring visit, we will review your procedures regarding:

- Written, oral, verbal and electronic records/information
- Utilizing a standard "Release of Information" form, identifying all entities with which PHI will be shared by the provider. This form must be signed/dated by the participant and reissued annually.

- Transmission of data (e-mail, fax, cellphones)
- Handling and storage of data/information
- Controlled access for all employees
- Sharing and access for/with participants of their Protected Health Information (PHI)
- Your location and access for secure long-term records storage (both on and offsite),
- Monitoring internal and external data transmission
- Complete policies and procedures and set scheduling regarding training all staff. This training includes all administrative staff having access to participant records and/or claims data, in addition to direct service staff.
- Employees must be trained upon hire prior to entering the participant's home/delivering services or working with PHI records
- Additional training must occur twice a year, thereafter. When a privacy/confidentiality situation or breach presents itself, immediate refresher training is mandatory. Proof of training should be printed and kept in employee files or a separate binder for audit verification

All Providers must maintain all records relating to participants (both present and past) in hard copy and electronic forms for a minimum of ten years* after the request for services end. (Please refer to the Business Associate Agreement for additional information.) * Requirement as of 2018.

Providers are also required to obtain their own HIPAA Business Associate Agreements from any health service provider, contractor or outside business that will be receiving and accessing PHI of any participants/clients in the provider's care and/or are shared with CareWell Services SW. These providers would include subcontracting businesses such as staffing agencies, physicians, outside medical personnel - OT, PT, and electronic computer repair agencies. CareWell Services SW must be notified in advance and approve in writing of outside subcontractors performing services that we are paying our contracted provider (subcontractor) to perform regarding our participants. No outside subcontractor may perform services for our participants without written permission from CareWell Services SW.

Also pursuant to the HIPAA/I-IITECH/OMNIBUS 2013 Rule - providers should have a HIPAA compliance officer who monitors and reviews all areas of risk, use, storage and communication of PHI information and annually perform a "Risk Assessment" of the handling of HIPAA sensitive information by all staff. (These requirements also apply to AFC-HFA facilities, regardless of size of the facility.) A copy of this annual "Risk Assessment" can be requested for review by CareWell Services SW, as well as the Federal departments HHS and Office of Civil Rights who oversees HIPAA, as proof of on-going compliance.

6. Standard/Universal Precautions

Service providers must evaluate the occupational exposure of employees to blood or other potentially infectious materials that may result from the employee's performance of duties. Service providers must establish appropriate standard/universal precautions based upon the potential for this type of exposure and must also develop an exposure control plan/procedure which complies with the Federal and State regulations set by OSI-IA (Occupational Safety and Health Act) and MIOSI-IA (Michigan's OSI-IA).

Application Process

CareWell Services SW application information for all our programs is found on our website: www.carewellservices.org by clicking on the "Doing Business with Us" under Providers at the top of the home page. This takes you to our provider page featuring information which directs you to documents to begin the application process.

NOTE: Any service providers applying for consideration for contracted provider status must be compliant with all requirements noted in this Contract Service Guidelines and General Operating Standards Manual and the Minimum Service Definitions and Standards for each service/program you propose to deliver. (This is especially important regarding insurance coverage, background checking and training requirements, as there are no exceptions). The most recent version of the standards manual is found on our website. Please check back frequently for updated versions as regulations change.

Vendor-Provider Selection

CareWell Services SW is responsible for offering a wide range of providers to participants to choose from and a full selection of the needed services for the participant. Providers are chosen by the participant ('person-centered choice') from a list of available, contracted and approved providers offering to deliver the needed services. Supports Coordinators offer a group of contracted providers delivering services that fit the CM care plans around the location of the participant's residence to give the participant choices of providers.

NOTE: Providers must deliver services as specified in CareWell Services SW CM care plans approved by the participant.

Service Delivery and Proposed Contracting Review Criteria

Providers are selected for our prefixed, contracted provider pool by CareWell Services SW utilizing specific criteria set up to promote participant choice by CMS, MDHHS, MAASA and our other collaborating agencies. The criteria facilitates offering provider choices and service selections for participants, as well keeping the number of contracted providers at a manageable number required for regular monitoring of quality/compliance, in addition to keeping at capacity levels expected for our agency within our eight county coverage area.

The provider service review criteria are as follows:

1. **Participant Preference:**

   Some participants may prefer specific providers through previous or current experience. CareWell Services SW will honor participant requests, providing a current contract exists with CareWell Services SW and the requested, credentialed provider. New providers will be considered as service capacity mandates or if the requested provider would prove to be able to add to new or increased offerings of services and passes the required pre-contract credentialing requirements.

2. **Ability to Provide Quality Services:**

   Includes proof of quality service delivery performance, participant outcome and accountability as monitored by care managers, as well as accuracy of billing, records and files, and positive outcomes of

monitoring assessments and satisfaction surveys. Managing staff levels to assure the delivery of services to all participants as requested in their Plan of Care (POC) and Service Order.

3. **Comprehensive Care:**

   The effort of CareWell Services SW is to minimize the number of agencies involved in each case. Access to the full ray of pertinent services offered by the provider is considered. Provider staffing levels are important in collaborating with us to provide the POC the participant has requested. Continuity of care for the participant is also important in this collaboration and adds to the plan of care success.

4. **Accessibility:**

   Practical application in streamlining of intake/office services, prompt response or referral (to Supports Coordinator) of participant questions and concerns, avoiding duplicating assessments and ability to work cooperatively with CareWell Services SW's CM in meeting the participant-approved care plan. Other considerations include the geographic area of service and ease and dependability of service delivery to CM participants.

5. **Cost:**

   Selection is competitive as primary focus and a State of Michigan requirement is cost effectiveness.

Minimum Requirements and Application Instructions

Minimum requirements to apply for a subcontractor status include:

1. A minimum of 15 direct care employees to start especially if multiple counties are proposed for coverage area.
2. To have at least 12 months of active service delivery experience for the named business.
3. A licensed RN supervising the training of direct services workers is suggested. Without an RN on staff, person responsible for hands-on training will need to be identified and approved by CareWell Services prior to contracting.
4. Written policies/procedures for the business (other than an Employee manual.)

Instructions to begin your application:

- After reviewing this document in its entirety determine if your business is able to be compliant with all requirements.
- Download and fill-out the "New Provider Application" form and follow the instructions on the back of the application which requests several items/copies to be included and sent with your initial application request. Answer all questions, as applicable.
- On your business letterhead, include the listing of services your business plans to provide, along with your bid for services and pricing (using the "15 minute per unit" rate as noted in the Service Descriptions) and send with the application.
- Send the requested information to our offices (address and e-mail is on the form) and we will review your application and bid; we will reply to you within 10 business days.
- Potential providers are required to provide verification of Articles of Incorporation (State of Michigan (SOM) Corporate Status - copy of official certificate) prior to approval as a new provider. Your business' legal name/DBA Ownership identity must be noted on the New Provider Application.

- Potential providers are required to also carry (and include copies of current certificates) all required insurance coverage as described in the Manual. You will also need to include a copy of your IRS notice of assignment for your EIN (Employer Identification Number) and a copy of your assignment of NPI (National Provider Identifier number for Medicare/Medicaid providers), if applicable. Final consideration of your application will not move forward without all the requested documents. Contact Contracts Coordinator with any questions.

NOTICE: Submitting an application does not guarantee a contract with our agency, as we regularly assess the number of providers per service and area on our listing, and we may already find our listing at full service capacity in any or all of our eight county coverage area.

Contracting Acceptance - Completing the Process

CareWell Services SW Contract department will notify you after the initial application is reviewed and accepted, to inquire if you are ready to go forward with the contract process. A full package of contract documents will be emailed to you for your review and the required signatures. Copies of the completed contract will be issued to you upon finalization and completion of the New Provider Orientation.

The Contract documents include the following parts:

1. **Medicaid Subcontractor Enrollment Agreement (with initial Assurance and HIPAA Business Associate Agreement)**

   This main contract document requests information regarding ownership, legal business name (and if applicable DBA name), IRS' Employer Identification Number (EIN), National Provider Identifier number (NPI) for Medicare/Medicaid and other information to register your business as a provider.

   The body of the contract notes other stipulations required by CareWell Services SW, as well as requirements by CMS, MDHHS, MAASA and other collaborating entities for which you choose to provide services. The initial copy of legal "Assurances" is also attached, along with the HIPAA Business Associate Agreement.' This completes the enrollment agreement contracting document.

NOTICE: Only Owners/Authorized Signatory are permitted to sign these legal documents and the originals must be returned to CareWell Services SW office to open the contract. By signing the Assurances and the first page of our contract, you (the provider) establish a commitment to assure a priority for the delivery of services you are offering, within the regulatory and capacity limits of all funding sources.

2. **IRS W-9 form**

   This is the IRS document that our Finance Department uses to open and process your account.

NOTE: Line 1 (Name) is the name in which the IRS Form 1099 will be issued for year-end tax purposes. Line 2 (Business Name) is the name to which the reimbursement check will be written.

3. **New Provider Contact Information Form**

   All information requested on this form is needed for service referral, billing and specific contacts for your contract/account. Include all applicable information to prevent delays in opening your contract.

4. Vendor Billing Agreement/Certificate with Signature

Fill out a sheet for each staff person who will process your billing for us.

5. Vendor View Enrollment Form

Vendor View is a HIPAA protected communication program utilized by SOM and all PARP agencies in Michigan as the primary electronic communication tool for all messaging relating to participant information and issues for service delivery and billing. Assistance is available from CareWell Services SW Data staff for initial use and set up.

NOTE: If you are already registered to use Vendor View through another Waiver Agent, please use the same username and password on our form. If not, make sure each person has their own username and password, as this is a HIPAA protected and monitored program. Do not use another staff member's Vendor View sign-on or communicate HIPAA/PHI protected information to any of our staff by e-mail.

6. At Risk Participant Information and Contingency Plan for Emergencies Signature form

This document explains the required written "Contingency Plan for Emergencies" (how you plan to deliver services and/or notify participants and our agency in the event of any emergency), especially for serving "At Risk" participants. CareWell Services SW requires your agency to inform us of your ability to accept at-risk participant assignments by reviewing and signing this document as part of your contract.

NOTE: A copy of your policy/procedure for handling emergencies of all kinds is required to be submitted with your application. For AFC-HFAs - this policy and procedure is required to include your arrangements for alternative housing, meals and delivery of medications to your participants in the event your facility is rendered uninhabitable as the result of a weather or fire event.

7. Proof of Required Valid Insurance Documents

(See pages 16-17 of this document for the listing of required insurance coverages and maintenance of these certificates with our agency.)

8. Bid Agreement

CareWell Services SW will complete this document using the services and unit rates that we have agreed upon with your business. Please keep a copy for your files. (See below for more information.)

NOTE: Future changes to your services should be sent to us in an e-mail in which a "Bid Addendum" will be completed.

9. Examples of Billing Forms, Billing Instructions, Examples of insurance Certificates

We will include copies of the Billing forms for your review. All our Billing documents are also found on our website under the Provider page for your use. We will also include examples of various insurance documents to answer questions regarding formats.

10. Service Description Information/Bid Agreement

The Service Description Minimum Standards' attachment to this Manual and found on our website, explains how each service should be bid and is required to be billed by your agency/facility. Look over the descriptions for the requirements of delivering each service and use this to formulate your bid to submit to us for the services you will provide and the rate you would request for the service(s).

When establishing your unit rates for bid submission, providers are advised to consider all potential costs that may be incurred during your service delivery. CareWell Services SW will review your per service unit rate bids presented with your application. (Costs ineligible for reimbursement through our program are anything we do not authorize outside of the plan of care, bad debts, capital expenditures, construction, entertainment, severance or holiday pay and penalties.)

After your business is accepted as a contracted provider, CareWell Services SW completes the formal Bid Agreement with the accepted services/unit rates and will forward to you for your owner/authorized signatory to sign and return a copy to our offices, to open your preferred provider referral status.

NOTE: Be sure to also complete your estimate of capacity (potential units you believe you could deliver to us for purchase on a monthly basis) and verify the geographic area served.

Billing and Reporting

Upon finalization of your contract, CareWell Services SW will issue a copy of our "Billing Instructions," detailing the process of submitting your bills to us for payment. All our billing forms and a copy of these instructions can be found on our website at the bottom of the page for "Doing Business with Us."

The completed forms are verified against Care Management Service Orders/Care Plans, with payment issued on the last business day of the month. If the information submitted is incomplete or incorrect, payment will be delayed. If services billed exceed the amount pre-authorized in the Service Order/Plan of Care, they will be denied for payment. (If extenuating circumstances occurred, this must be communicated to the Supports Coordinator through Vendor View no later than 24 hours from the time of the event in order to be considered. (First business day of the week if it occurs on a weekend.) Faxed reports are not accepted without prior permission from the Data Department (only in extreme cases) at the sole discretion of the Data Department.

Billing Forms

CareWell Services SW utilizes three reporting tools:

- **Direct Service Purchase Monthly Service Report/Payment Voucher:** Record services delivered directly to each participant, individually) and the
- **Direct Service Purchase Monthly Service Summary Report:** Totals payment due for all participants served within the billing month.
- **Non-Service Delivery Form/Notice:** To report Non-Delivery of Services as ordered whether cancelled by the participant, not delivered due to staffing issues or for any other reason. This form must be submitted by fax to CareWell SW within 24-48 hours of the occurrence. You may also issue a Vendor View Message to the Data Department on the date the service is not delivered as ordered, for occurrences on the weekend, please submit on Monday after the weekend.

Instructions for processing these forms and issuing them for payment is detailed in CareWell Services SW's Billing Instructions, found on our website under "Doing Business with Us."

Vendor Electronic Billing

Electronic Billing is currently in process at CareWell Services SW for all providers. Please contact Data for more information, or if you are not currently signed up with CareWell Services SW for Vendor Electronic Billing.

The section below will detail the requirements for program/service delivery as noted by CareWell Services SW's contractual provider agreement, supported by regulatory requirements of CMS, MDHHS, MAASA and our other collaborating providers and programs.

General Operating Standards and Required Program Components for Contracted Direct Service Providers

All contracted providers are required to comply with All general program requirements established by the Center for Medicare/Medicaid Services (CMS), the Michigan Department Health and Human Services (MDHHS), Michigan Aging and Adult Services Agency (MAASA), CareWell Services SW and all of our other collaborating programs.

Compliance Requirements and Contract Continuation Notice

Authorized representatives of CareWell Services SW, CMS, MDHHS, MAASA and our collaborating programs, along with Federal or State OIG auditors and/or any other funding representatives must be permitted to inspect any HIPAA/PHI records, related Human Resources employee files, participant and other business related records/books/folders as a condition of accepting Medicaid and other funding from our agency programs. Provider will also permit access to the provider facility and its policies/procedures related to the contract for provision of service. CareWell Services SW, MDHHS, MAASA and our other collaborating programs also reserve the right, as a condition of funding, to require the development and implementation of corrective action plans, if the provider demonstrates inadequate perfom1ance.

Contract Continuation Notice

CareWell Services SW reserves the right to immediately terminate contractual agreements with any provider who, during the course of service delivery, by business practices, or due to an issue found in the course of CareWell Services SW performing a required Monitoring Visit, endangers the health and/or welfare of any participant by being found in serious violation of any contractual requirements and failure to satisfactorily complete Corrective Action(s) of said violations, and/or has been found to directly violate federal, state or local laws or statutes (also applying to fraudulent billing practices under the Federal and Michigan False Claims Acts).

NOTE: Appeals and Grievances do not apply in these contractual decisions.

Contractual Agreement

Service providers may only deliver MDHHS (MI Choice Waiver, MI Health Link), MAASA and other collaborating programs' services through a formal sub-contractual agreement between CareWell Services SW and the service provider agency. Each sub-contract is required to contain and be able to be compliant with all

applicable contract components required by CMS, MDHHS, MAASA and other collaborating programs' requirements.

Compliance with Service Definitions

State and/or Federal funds awarded through MDHHS and other fund sources to CareWell Services SW may only pay for those services MDHHS, MAASA and CareWell Services SW's other programs have included and defined in the CMS approved contract with CareWell Services SW (Direct Purchase of Service contract.) MDHHS, MAASA and the other programs have defined minimum standards which are the basis of services we contract from our providers.

NOTE: Each direct service provider is required to adhere to the services definitions and minimum services standards and their established unit rates, applied through our Plan of Care/Service Order for each participant, to be eligible to receive reimbursement of allowable expenses.

Contributions-Solicitations

- No service provider under contract with CareWell Services SW may require monetary donations from participants of any of CareWell Services SW's programs as a condition of participation. Each direct service provider is required to accept CareWell Services SW's payments for services as payment in full for all such ordered services.
- No paid or volunteer staff person of a direct service provider may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.

Provider Requested Closure or Contract Terminated Providers and Staff

Service providers that have voluntarily requested contractual closure or that CareWell Services SW has terminated the contractual agreement are prohibited from contacting and/or soliciting CareWell Services SW participants after the closure and will be considered in violation of the HIPAA/HITECH/OMNIBUS 2013 regulations, thereby mandating CareWell Services SW to report this violation to State and Federal officials.

Vulnerable Adult Act & Abuse, Neglect and Exploitation and Mandated Reporting

All providers are provided to have written policies/procedures in place, annual employee training and take appropriate action when they or their employees suspect, become aware of, or witness incidents of abuse, neglect and/or exploitation have occurred. In addition to the witness reporting to APS, local law enforcement and CareWell Services SW must also be contacted. (AFC/HFA should also follow their Licensing Regulations for reporting.)

Person-Centered Planning Process

Person-Centered Planning (PCP) is a process for planning and supporting the participant that builds on the individual's (participant) ability to engage in the activities that promote "community life" and honors that participant's preference, choices and abilities. PCP includes the participant in the planning of service to honor and apply their preferences in every aspect of coordinating and arranging services and supports. This collaboration allows building upon their abilities instead of solely focusing on their individual limitations in the processes of delivering their needed and desired services.

- Direct service providers are required to utilize a person-centered planning process, and knowledge of person- centered planning is required to be evident throughout the delivery of services and through documented, proven training sessions for all staff/employees.
- In addition, PCP includes respecting the needs and desires of participants, utilizing CareWell Services SW's CM Plan of Care service/support plans (developed by the participant and CM staff), continuously updating and revising those plans by keeping up with Vendor View participant Plan of Care Reassessments and working with CareWell Services SW's CM staff to revise those plans as you and your staff become aware needs and preferences have changed with the participant.
- Direct service providers are required implement person-centered planning in accordance with the MDHHS Person-Centered Planning Guidelines. This process is the origin of the notation on the service order of "Date/Days and hours may vary." (For the benefit of the participant, not the provider's scheduler.) Contact CareWell Services SW for more information regarding the MDHHS guidelines for person-centered planning.

Dignity and Respect for Participants

Participants will always be treated with consideration and respect, with due recognition of an individual's dignity, individuality, and the right to receive quality care from providers. This is a requirement under "person-centered planning".

NOTE: CareWell Services SW reserves the right to terminate a contractual agreement, effective immediately if a participant's health and/or welfare are believed to be in jeopardy.

Confidentiality

Each direct service provider must have procedures in practice and written business policy/procedures to protect the confidentiality of information belonging to participants or persons seeking services and collected or shared during the conduct of business.

NOTE: CareWell Services SW requires that all providers notify the Supports Coordinator of record for the participant, if a breach of information occurs or a request for records is received before releasing any information to any entity.

Record Retention

Each direct service provider is required to keep all records related to or generated from the provision of services to CareWell Services SW and our collaborating programs' participants for not less than 10 years. Providers are required to inform CareWell Services SW as to the location of the secure storage of these records. Closed Providers are also required to continue to keep records remaining after the date of closure for not less than IO years* and to notify CareWell Services SW as to the location of the secure storage of these records within 10 business days of confirmed date of closure. (See the Business Associate Agreement for more information on this requirement.) *Requirement change as of 2018.

Insurance Coverage

Each direct service provider is required to have sufficient insurance to indemnify loss of Federal, State, and local resources, due to casualty or fraud. Insurance coverage should be sufficient to reimburse CareWell Services SW for the fair market value of the asset at the time of loss, which shall cover all buildings,

equipment, supplies, and other property purchased in whole or in part with funds awarded by MDHHS to CareWell Services SW participants.

NOTE: To continue to be listed on the Active provider referral list, all providers are always required to have proof of valid insurance on file with CareWell Services SW.

The following insurances are required for each direct service provider:

- General liability and hazard insurance (including facilities coverage)
- Worker's compensation *
- Unemployment (proof of coverage certificate or statement) *
- Property and theft coverage
- Fidelity bonding/Surety Certificate* (for persons handling cash)
- No-fault vehicle insurance* (for agency owned vehicles when transporting participants or performing shopping/errands)

NOTE: A Waiver of Coverage form is available, when appropriate, to show reason for non-coverage under state/local requirements regarding Workers' Compensation, Unemployment Insurance, No-Fault Auto Insurance, Fidelity/Surety coverage (Sole Proprietary or Family business, not handling funds, not transporting clients.) This form will be issued to you for your "waiver" request at the discretion of CareWell Services SW, after approving the request based upon our research of State and Local requirements vs your business situation.

MDHHS recommends the following insurances for additional agency protection:

- Insurance to protect the waiver agency or direct service provider from claims against waiver agency or direct service provider drivers and/or passengers
- Professional liability (both individual and corporate)
- Umbrella liability
- Errors and Omission Insurance for Board members and officers
- Special multi-peril
- Reinsurance/Stop-Loss Insurance (for all other non-specific events/situations and for possible unexpected gaps in coverage loss)

Staffing - Provider Requirements

Each direct service provider shall:

- Employ and provide training to personnel to have the necessary skills to provide quality supports and services to participants at skill levels expected to be compliant to our contractual agreement. Including but not limited to:
    - Person Centered Planning
    - Fraud, Waste, and Abuse
    - Reporting Abuse, Neglect, and Exploitation
    - Demonstrate an organizational structure including established lines of authority.
    - Identify a contact person with whom the waiver agency can discuss work orders, service delivery schedules or problems and billing issues.

- Always maintain a valid picture driver's license or Michigan/Indiana (for employees near boarder counties) Picture ID on file for each employee and volunteer in their personnel files.
- Assure participants will always be treated with consideration and respect, with due recognition of an individual's dignity, individuality, and the right to receive quality care from providers.

NOTE: CareWell Services SW reserves the right to terminate a contractual agreement, effective immediately, in the event that a participant's health and welfare is believed to be in jeopardy.

General Requirements - Staff

- Employ or use volunteers who are persons 18 years and older.
- Assure employees and volunteers communicate in English first.
- Wear picture identification. Every direct service provider staff person paid or volunteer, who enters a participant's home or delivers a service to a participant, is required to display proper identification.
- Refrain from intimidation or threat - a direct service provider must not threaten or coerce participants in any way. Failure to meet this standard is grounds for immediate discharge.

Valid Auto Insurance/Waiver, Transporting Participants, Using Participant's Vehicle

- Direct service worker's personal vehicles used in the delivery of services shall be in good working order.
- Proof of valid vehicle insurance is required to be on file in the employee personnel file, if provider is authorizing services to transport participants or perform shopping/errands in company or personal vehicles. For liability reasons, valid private insurance includes naming the employee as a covered driver on the insurance certificate. If a worker is not covered by insurance, they should not be transporting participants or driving any other vehicle.
- Providers should have a signed waiver on file stating that the uninsured employee or one without a valid Michigan/Indiana Driver's license understands they are not able to drive participants or perform shopping/errands in a company or personal vehicle.
- Providers who state they cover their employees for driving any vehicle need to show proof of Business or Commercial Auto coverage.
- CareWell Services SW does not approve of providers allowing direct service workers to drive participant's personal vehicles and will not be a liable partly in the event of any accident or violations (moving or otherwise) or personal injuries incurred.

Criminal Background Checking

All providers must conduct, or cause to be conducted, a criminal background check that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, and volunteer who has in-person client contact, in-home client contact, access to a client's personal property, or access to confidential client information:

I-CHAT: http://apps.michigan.gov/ichat

Michigan Public Sex Offender Registry: http://www.mipsor.state.mi.us/

National Sex Offender Registry: http://www.nsopw.gov/

Criminal background checks for new hires must be completed prior to the individual working directly with clients or having access to a client's personal property or confidential client information.

Each provider is required to update criminal background checks for all employees and volunteers every three years to identify convictions in the event they occur while an individual is employed or providing volunteer service:

- All employees and volunteers hired prior to the effective date of this policy must be re-screened within 90 days from the effective date of this policy. Thereafter, criminal background checks for these employees and volunteers must be completed no later than 30 days after every third anniversary from the date of the last background check.
- Updated criminal background checks for employees and volunteers hired after the effective date of this policy must be completed no later than 30 days after every third anniversary of the date of hire.

All AAAs are required to maintain a copy of the results of each criminal background check for paid and volunteer staff in a confidential and controlled access file.

Exclusions: No employee or volunteer shall be permitted to work directly with clients or have access to a client's personal property or confidential client information if:

Mandatory Exclusions: The results of the criminal background check show that the person has a federal or state felony conviction related to one or more of the following crimes:

- Crimes against a "vulnerable adult" as set forth in MCL 750.145n et seq.
- Violent crimes including, but not limited to, murder, manslaughter, kidnapping, arson, assault, battery, and domestic violence;
- Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion;
- Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution;
- Cruelty or torture;
- Abuse or neglect; or
- Felony involving the use of a firearm or dangerous weapon.

Felony convictions: The results of the criminal background check show that the person has a federal or state felony conviction within the preceding 10 years from the date of the background check, including but not limited to:

- Crimes involving state, federal, or local government assistance programs;
- Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion; or
- Drug crimes including, but not limited to, possession, delivery, and manufacturing.

Misdemeanor Convictions: The results of the criminal background check show that the person has a federal or state misdemeanor conviction within the preceding 5 years from the date of the background check, including but not limited to:

- Crimes involving state, federal, or local government assistance programs;
- Crimes against a "vulnerable adult" as set forth in MCL 750.145n et seq;
- Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion;
- Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion;
- Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution;
- Drug crimes including, but not limited to, possession, delivery, and manufacturing;
- Cruelty or torture;
- Abuse or neglect;
- Home invasion;
- Assault or battery; or
- Misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

For purposes of the excluded offenses identified above, an individual is considered to have been convicted of a criminal offense when:

- A judgment of conviction has been entered against the individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending;
- There has been a finding of guilt against the individual by a federal, state, tribal, or local court; or
- A plea of guilty or nolo contendere by the individual has been accepted by a federal, state, tribal, or local court.

Arrest records, by themselves, do not disqualify an individual.

Providers are required to maintain documentation of all criminal background checks, including a list of all paid and volunteer staff who are subject to this policy, the date of the most recently completed criminal background check, and the source of the background check. Employees hired prior to the effective date of this policy are not exempt from this requirement.

NOTE: Contact CareWell Services SW Contracts Department with any questions regarding CBC results and for assistance understanding these eligibility determinations/guidelines prior to allowing employee to provide services to participants.

Background & Reference Checks for Adult Foster Care and Homes for Aged

Michigan Requirements state that a qualifying health facility/agency shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility/agency or AFC until the health facility/agency or AFC conducts a fingerprint-based criminal history check. An individual who applies for employment either as an employee or

as an independent contractor or for clinical privileges with a health care facility/agency or AFC and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health care facility/agency or AFC to contact a criminal history check, including a state and Federal Bureau of Investigation (FBI) fingerprint-based check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

Information and forms needed to conduct these checks are available at the https://miltcpartnership.org/ site. AFC- HFAs should follow the LARA Licensing requirements for Criminal Background Checking their employees through Michigan Workforce Background Checking.

NOTE: January 2018 - MDHHS/LARA notice to HFAs regarding reduction of Background Checking reimbursement reductions (to 40 checks), will not release your facility from performing the MWBC under the CareWell Services SW contract requirements on additional applicants or workers after reimbursement runs out.

Professional/Employment Reference Checks

All providers are required to conduct, at minimum, two confirmed reference checks. Documentation that the checks were completed will be verified at the time of a monitoring visit. Verification proof should include a reference check document (kept in personnel file) and notation of the date the reference check was completed and the signature of the staff person completing the check.

NOTE: A "letter of reference" requires a phone call to the writer to confirm authenticity as a proof of verification. The same confirmation notations should be included on this document.

Fraud, Waste and Abuse/Debarment and Suspension Checks

All providers are required to verify upon hire and monthly thereafter, that their owners, employees and, if applicable, that their subcontractors are not individually debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any department or contractor from receiving federal, state or local funds in compliance of the Social Security Act.

NOTE: This includes all administrative staff having access to participant records and/or claims data, in addition to direct service staff. Employees must be checked upon hire and monthly thereafter. Proof of checking should be printed and kept in employee files for audit verification.

TB Testing

It is only recommended that all direct purchase of service staff have a current and negative TB screening, except as may be required by individual licensing requirements or at the recommendation of local/state health officials. A Symptom Check statement from employee physicians or agency nursing staff would also be accepted bi-annually after initial hire if providers choose to do this. *Adult Foster Care and Homes for the Aged providers are required to follow TB Testing regulations as identified by The Bureau of Children and Adult Licensing and LARA.

Position/Job Descriptions/Performance Evaluations

All provider's paid staff and volunteers are required to receive a written position description upon hire, new hire orientation training, and a yearly performance evaluation, as appropriate. Copies of these position descriptions should be found in employee files at the monitoring visit.

Smoking Policy

Direct service workers are prohibited from smoking while performing services for a participant in any location (i.e. participant's home, parking lot, or vehicle) per state and local law. This includes electronic cigarettes (vaping) and chewing tobacco. - No Exceptions.

Drug Free Workplace

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in all service program workplaces, per federal Drug Free Workplace Act of 1988. CareWell Services SW reserves the right to terminate a contractual agreement effective immediately in the event that a participant's health and/or welfare are believed to be in jeopardy. All providers should have postings in their human resources and/or employee notification areas regarding this requirement.

Waiver Sponsored Training

It is recommended that all direct service workers, supervisors and program staff participate in CareWell Services SW topic relevant sponsored in-service training workshops, as appropriate. These trainings usually take place twice a year. Contact CareWell Services SW Contracts Department for more details.

Emergency/Weather Service Delivery Plans

All providers are required to be prepared to make arrangements for the availability of services to CareWell Services SW's participants in weather related emergencies and/or natural disasters (including fire and flood), updating and forwarding this plan to CareWell Services SW Contracts Department annually. This plan should include communication with participant emergency contacts, law enforcement/emergency response agencies, contacting CareWell Services SW, alternate ways to deliver services and obtaining assistance from local and state agencies, if necessary. RE: AFC-HFAs - this plan should also indicate communications that will occur, whether you have a power generator, making arrangements to re-locate participants (if your building is uninhabitable), keeping participants' safe during the situation, obtaining participant medications and food sources.

Universal Precautions/MIOSHA-OSHA Compliance

All providers are required to evaluate the occupational exposure of employees to blood or other potentially infectious materials which may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure are required to develop an exposure control plan and policy/procedures which complies with Federal and State regulations implementing the Occupational Safety and Health Act.

Business Policies and Procedures for Contract Specific Requirements

Each provider is required to have written policies and/or procedures indicating person/department responsible for implementation for the following topics:

1. Participant Complaint Resolution/Critical Incidents

Provider will have a policy/procedure to protect information gathered on the complaint to maintain participant confidentiality and to show action relating to resolution of the issue and how it will be prevented in the future. This policy/procedure is to be a written procedure to record, investigate and report concerns/complaints from participants regarding their DPOS workers to CareWell Services SW staff.

- The report should be submitted to CareWell Services SW staff within 1-2 days of receiving information from the participant. Information should include an incident/complaint form with date(s) of reported situation, details of concern reported, name of staff person receiving and investigating concern, and include results of investigation/action taken by provider staff.
- Provider will identify staff persons who will be responsible for working to resolve complaint with both participant and CareWell Services SW staff.

2. Reporting Suspected Abuse, Neglect, and Exploitation

Reporting of Abuse, Neglect and/or Exploitation must be reported to Michigan Department of Human Services (DHS)/Adult Protective Services (APS).

All providers are required to have a written policy/procedure to record, investigate, and report any suspected abuse, neglect, and/or exploitation of participants observed over the course of interaction with and/or delivering services to a participant.

- The provider is required to submit this observation/information to law enforcement authorities (APS, Law Enforcement-911) as part of the Mandated Reporting requirements with the SOM.
- This information should also be reported to CareWell Services SW staff as soon as possible after the discovery and report to law enforcement.
- Information gathered during the course of this investigation is also required to be held confidential to protect the participant.

3. Participant Confidentiality

All providers are required to have policy/procedures to protect all aspects of participant confidentiality in accordance with federal and state HIPAA/HITECH/OMNIBUS requirements. Procedures shall include provisions for orientation and annual training for all staff regarding written, electronic, and conversational situations relating to participants.

4. Appeals and Grievances

- Each provider is required to have written appeals procedures for individuals determined to be ineligible for services or for recipients who have services terminated.
- Persons denied service and recipients of service must be notified of their right to complain and/or appeal and the procedure followed. Such notice must advise participants that complaints of discrimination may be filed with the respective CareWell Services SW, the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

- Each in-home service and AFC-HFA program is required to establish a written service termination policy which includes at a minimum; formal notification to participant, of provider's decision to stop services, when a provider becomes unable to continue to serve the participant.
- Service providers must notify each participant, in writing, at the time service is initiated of his/her right to comment about service provision or appeal the termination of services. Such notice must advise the participant that they may file complaints with CareWell Services SW, the Department of Health and Human Services Office of Civil Rights, or the Michigan Department of Civil Rights.

5. Participant Feedback/Evaluation

Each provider is required to have written procedures for individuals receiving services to comment on the delivery/quality of the services.

A form and measuring tool should be created to develop/monitor participant satisfaction with services received, program and staff performance, and consistency of services provided. Survey results and participant feedback will be made available for verification to CareWell Services SW.

6. Participant's Rights and Responsibilities

Each provider is required to have written procedures for individuals receiving services indicating the Rights and Responsibilities for the participant during the course of receiving services. These policies and procedures should also include issuing a document to the participant, at sign on, which explain these rights and give instructions for questions, complaints, and contact with the provider that identifies a designated staff person that handles these inquiries.

7. Emergencies in a Participant's Home and/or During the Delivery of a Service

All providers are required to have a policy/procedure outlining service delivery plans to be put in place in the event of a natural, weather-related, or man-made emergency. This plan relates to any and all services provider agreed to provide for any CareWell Services participant. Plan should include a formal notification plan directed toward participants and CareWell Services staff.

8. Contingency/Emergency Service Plans for At-Risk Participants

Any agency accepting "at risk" participants are required to have in place an extensive back up and contingency plan so that all hours and services listed on the service order are performed in the manner listed without exception, regardless of staff illness, holidays, vacation, etc. This requirement is in effect regardless of whether the staff person is family member or traditional personnel and if the participant has persons living in their home.

9. Administration of Medication (Prescription and OTC)

Each provider is required to have written procedures for the administration of both prescription and over the counter (OTC) medications to participants. Written procedures (reviewed and approved by a consulting Pharmacist, Physician, or Registered Nurse) that govern the assistance given by licensed staff to participants taking medications.

The policies and procedures must minimally address:

- Verification of the participant's medication regiment, including the prescriptions and dosages.

- The training and authority of licensed staff to assist participants with taking their own prescribed or non- prescription medications and under what conditions unlicensed staff may cue / assist participants.
- Training for unlicensed staff to understand limitations and directives of assistance.
- Procedures for medication set up.
- Secure storage of medications within the participants' home.
- Instructions for documenting medication information in participant files, including times and frequency/types of assistance.

10. Personnel, Recruitment, Training, and Supervision

Each provider must have policies/procedures outlining recruitment, hiring, training, supervision and all aspects of personnel management. These policies should also include documentation of incidents/accidents, disciplinary action, job descriptions, universal precautions, HIPAA rules, confidentiality.

Training topics should include all training requirements of each service provided and all required Orientation and Annual trainings as stated in the Waiver contract.

11. Health and Welfare

Each provider is required to assure that they have policies and procedures that will reflect the protection of participant's health and welfare. Such policies are Safety, Abuse/Neglect/Exploitation, Mandated Reporting, Emergency procedures in the participant's home (accidents and incidents), handling weather related emergencies, client's welfare checking (calls to non-at-risk clients when providers cannot deliver services due to weather or for other concerns.)

Worker Service Records/Recordkeeping and Participant Service Requirements

In requirement of the MI-Choice Waiver Contract, each provider must have procedures in place for obtaining participant signatures on the Worker Service Record or similar document of direct care workers or AFC-HFAs to verify that the services were provided to the participant as ordered by CareWell Services SW.

NOTE: Participant signatures must not be obtained before the completion of the delivery of the services ordered. The participant signature is to be obtained at the end of the day of service or at the end of the week of service delivery.

Direct service agencies must assure the following minimum recordkeeping requirements for participant case records and include the following in the participant folder:

- Service work orders/authorizations
- Assessment parts or all of the re-assessments provided by the CareWell Services SW by Vendor View
- For Worker Service Records: types of services provided to each participant, i.e. a description of tasks completed by date of service, worker notes describing the tasks completed for each shift, and/or in-home service logs. Worker time sheets without tasks performed do not meet these criteria.

- Ranges of time that each service is provided, i.e. 10:00 am-12:00 pm; (Times are subject to change according to participant preferences and CareWell Services SW authorization, not for scheduling purposes.)
- Date of services.
- Progress notes and supervisory visits
- Identification of the worker providing each service and that worker's signature on the worker service record.

Orientation and Training of ALL Provider Employees & Volunteers

All training should be recorded on itemized checklists for both Orientation and Annual Training. Providers must have trainings scheduled in advance, either on a monthly, quarterly or yearly calendar detailing the topics to be covered. Volunteers should be treated in the same manner as a paid direct service worker. This document will be reviewed at the time of the monitoring visit.

Official records documenting the training should include:

- topics covered
- materials listings
- name and signature of staff person receiving training
- date(s) of training
- signature of person providing the training on behalf of the provider

A copy of the completed training should be kept in the employee's/volunteer's file and/or a specialized training binder stored in a confidential, secure place.

Required Training Topics

1. **Orientation for New Hires**

- Introduction to the MI Choice waiver
- Maintenance of records and files (as appropriate)
- Emergency procedures
- Assessment and observation skills
- Waiver Agency's Grievance and Appeals process
- Ethics:
    1. Acceptable work ethics
    2. Honoring the MI Choice participant's dignity
    3. Respect of the MI Choice participant and their property
    4. Prevention of theft of the MI Choice participant's belongings
- Working with persons with disabilities
- Universal Precautions
- Aging (This may include the aging process and aging network)
- Mandated Reporting and Critical Incidents (Identifying appropriate actions to take upon the determination of incidents of abuse, neglect, exploitation, and other critical incidents).

2. Annual Staff Development

- Person Centered Planning
- Health, Safety, and Welfare
- Individualized emergency response procedures
- Abuse/Neglect & Mandated reporting
- HIPAA & Privacy/Confidentiality

In addition to contractually required training above, all staff must be trained and capable of performing any tasks necessary (i.e. tasking, CPR, first aid especially when mandated by LARA, etc.) prior to either entering the participant's home to deliver service or directly providing other services.

Additionally, staff of home based services and Adult Day Health programs must receive in-service training (skills/tasking) at least twice each fiscal year which is specifically designed to increase their knowledge and understanding of the program and participants to improve their skills and task performed in the provision of service.

Supervision of Direct-Care Workers

Home-based service providers must have a supervisor available to direct care workers at all times while the worker is furnishing services to CareWell Services SW participants. Availability by telephone is considered accessibility. Home- based service providers must conduct in home Supervisory Visits of their staff at least twice each fiscal year. The staff person must be present and should be in the process of delivering services to a participant. These reviews cannot be conducted over the phone with a participant, unless the call is made to speak to a participant after the home visit has been completed. A qualified professional must conduct the supervisory visit (i.e. administration staff who is normally involved in the training/assessment process or a registered nurse.)

General Operating Standards for Specific Direct Purchase of Services

In addition to the general operating standards for services requested by CareWell Services SW for MDHHS, MAASA, or any other collaborating program, providers and both Home-Based and Community-Based service providers and their direct service workers must follow and be in compliance with the Specific Service requirements for each of the services for which they contract and the topics listed in this section.

Home-Based Service Providers

Home-Based services include the following:

- Community Living Supports
- Respite Services {provided in the home)
- Chore Services
- Personal Emergency Response Systems
- Nursing Services
- Private Duty Nursing Services
- Counseling
- Home Delivered Meals
- Training

Community-Based Service Providers

- Community-based services include:
- Environmental Accessibility Adaptations
- Respite Services {provided outside of the home)
- Specialized Medical Equipment and Supplies
- Community Transportation

Home and Community Based Services Final Rule Compliance

Pursuant to the Center for Medicare and Medicaid Services (CMS) requirements published on March 17, 2014, CMS created a new set of rules for the delivery of Home and Community Based Services through Medicaid Waiver programs. Through these rules, CMS aims to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.

Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR 441.30l(c)(4) as well as in the Home and Community-Based Services Chapter in the Michigan Medicaid Provider Manual. Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation unless they are included in the heightened scrutiny process. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant.

2018 and forward - New proposed providers seeking to contract for ADS or AFC/HFA, must be in full compliance with the federal HCBS Final Rule requirements before a contract can be opened or any participant can be referred to the facility per MDHHS' regulatory statement of the HCBS Final Rule.

MDDHS will use the following process to ensure compliance to this requirement:

1. Each waiver agency will assess all applicable providers using the survey found in Attachment J of this contract. The results of the surveys will be submitted electronically to MDHHS for a determination of compliance to the requirements.
2. MDHHS will notify both the provider and the MI Choice waver agency regarding the provider's compliance based upon the completed survey tool that was submitted to MDHHS.
3. For providers who are non-compliant, the provider will have one to two weeks to correct all issues that cause the non-compliance.
4. Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey.
5. The waiver agency will have one to two weeks to complete another on-site survey and submit the survey to MDHHS for review.
6. If a provider does not contact the waiver agency within one to two weeks, the waiver agency will contact the provider to determine progress on the corrective action and schedule another on-site visit accordingly.

7. If the provider has not satisfactorily resolved the compliance issues, the waiver agency will suspend the provider from receiving new MI Choice participants until such time as provider comes into compliance.
8. Some providers may require Heightened Scrutiny to determine compliance. These providers will follow the Heightened Scrutiny Process defined by MDHHS to assure compliance and to continue participation with the MI Choice program.

For more information, contact CareWell Services SW Contracts department or see "Home and Community-Based Service Program Transition" under MDHHS on the Michigan.gov website for details on this HCBS Transition Project and the requirements for compliance, or to request compliance assistance from MDHHS.

Additional Conditions and Qualifications - Adherence to Standards

Each direct provider of Home-Based and Community-Based services will assure CareWell Services SW for MDHHS, MAASA, or any other collaborating program that employees or volunteers who enter and/or work within participant homes or deliver services to participants within the community abide by the following additional conditions and qualifications. CareWell Services SW will inform service contractors and direct service workers promptly of new service standards or any changes to current services standards.

Communication & Ability to Follow Directions

Direct service workers must demonstrate the ability to communicate adequately and appropriately, both orally and in writing, with their employers and the CareWell Services SW 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 properly use cleaning and cooking products.

Signatures for Worker Task/Time Sheets

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 direct service worker provided the work ordered by the waiver agency. Electronic Visit Verification systems may take the place of this requirement as long as the verification is available to the waiver agency. If providers are utilizing electronic visit verification systems, paper time sheets are not needed.

Participant Assessments

CareWell Services SW CM staff completes the state-approved assessment instrument for each participant according to established standards before initiating service. Direct providers of home-based services should avoid duplicating assessments of individual participants to the maximum extent possible.

Home-Based and Community-Based service providers (AFC-HFAs) must accept assessments conducted by CareWell Services SW and the Plan of Care for each participant and initiate services without having to conduct a separate assessment.

Notification at Sign-On of Participant and Agency Rights and Responsibilities

Each direct provider of home and community-based services is required to notify each participant, in writing, at the initiation of service of his or 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 the respective service delivery agency (CareWell Services SW), the Department of Health and Human Services Office of Civil Rights, or the Michigan Department of Civil Rights.

Also, upon enrollment, participants should be signing a "Rights and Responsibilities" document from the provider that indicates both the understanding of their (the participant's) responsibilities to the agency/facility and the agency/facility's responsibilities for the delivery of services. This document should be kept in the participant's service file.

Provider's Right to Advocate for the Participant's Denial of Services

Providers retain the right, at a MI Choice Waiver, MI Health Link or MAASA pm1icipant's_request, to advocate and assist a participant with a request for review from MDHHS, CareWell Services SW regarding a denial or cancellation of service. This may be done by requesting information on the process from the Supports Coordination services.

Service Need Level- Priority Levels (for MDHHS and MAASA Participants)

CareWell Services SW CM classifies each participant into a service need level based upon the participant's immediacy of need for the provision of services and the availability of informal supports. CareWell Services SW is responsible for establishing the service need levels to assure each participant's needs are met in the event of an emergency. These Service Need Level/Classifications are indicated on the Service Order for the participant and also found in the Back- Up documents in Vendor View. These designations are made so the service provider can target services to the highest priority participants in the event of utilizing their Emergency/Contingency plan.

NOTE: CareWell Services CM staff will designate some "Level I" participants as "At-Risk", while other "Level I" participants are not noted as At-Risk. This is due to CareWell Services SW CM determining that some at risk/priority I participants have informal supports living in the home with them. In the event that this situation changes, it will be reflected on the Service Order and communicated to your agency by the CareWell Services SW Supports Coordinator or Vendor View messages.

Direct service providers need to be aware of the service need levels/classification of each participant served by that provider (also found in the Back Up documents in Vendor View) to target services to the highest priority participants in emergencies and staffing situations.

1. **Immediacy of need for the provision of services**

    - ***1*** **= Immediate** - the participant cannot be left alone
    - ***2*** **= Urgent** - the participant can be left alone for a short time (less than 12 hours)
    - ***3*** **= Routine** - the participant can be left alone for a day or two

2. **Availability of informal Supports**

    - ***A*** = No informal supports are available for the participant
    - ***B*** = Informal supports are available for the participant
    - ***C*** = The participant resides in a supervised residential setting

Participant Records

Each direct provider of home and community-based services must maintain comprehensive and complete participant record/file that contains, at a minimum:

- Details of the request to provide services (Vendor View).
- A copy of CareWell Services SW's evaluation of the participant's need (this may be appropriate portions of the CareWell Services SW Initial and Reassessments - Vendor View).
- Service Order authorizations or work orders.
- Providers with multiple sources of funding must specifically identify MI Choice Waiver program participants; records must contain a listing of all dates of service for each participant and the number of units provided during each visit.
- Notes in response to participant, family, and agency contacts (not required for home delivered meal programs).
- A record of release(s) of any personal information about the participant and a copy of a "Release of Information" form signed and dated by both the participant and the agency personel.
- Worker Time/Task Sheets must have both the participant's signature and the worker's signature on them with tasks performed, dates and times of service reflected on the sheet.
- AFC-HFAs should also include all LARA Licensing requirements for participant information and records.

Directives to DPOS Services Descriptions and Minimum Operating Standards

This document will be sent to each provider annually along with the Assurance document is signed and renewed for your contract. (Copies will also be located on our website: www.carewellservices.org/)

These standards apply to each provider interested in providing services to CareWell Services SW participants and those providers renewing their annual Assurance documents, CareWell Services SW staff must authorize the provision of each service to their participants as part of the Person-centered Plan of Care. Each fiscal year the service descriptions are reviewed and may be changed based upon new regulatory demands by either CMS, MDHHS, MAASA or other collaborating programs.

Please contact CareWell Services SW Contracts Coordinator or Residential Services Contract Coordinator with any questions or concerns.