



General Selection and Bid Approval Process for All Applicants

- A. Only complete applications submitted within the established timeframes will be considered for enrollment into the Purchase of Service (POS) vendor pool. The Contracts Specialist and/or other fiscal department staff will determine if an application is complete. Application packets must either be dropped or mailed. Please note that submissions will not be accepted via email or fax.
- B. Bid Agreements for new vendors are effective on the date of the Executive Director and/or Chief Financial Officer's signature and remain in effect per the terms of the Agreement.
- C. If an application is approved, the vendor agency will be provided with a POS Bid Agreement to complete and submit for processing.
- D. Once the applicant agency becomes a POS vendor, TSA staff is provided with relevant bid information. TSA staff will purchase service from vendors on a case-by-case basis, taking into consideration participant preference, staff availability, location, and other relevant factors.
- E. **ENTRY INTO THE POS VENDOR POOL DOES NOT GUARANTEE THAT SERVICES WILL BE PURCHASED.**
- F. **AFTER APPROVAL OF ALL POLICIES AND PROCEDURES A MEETING WILL SCHEDULED WITH THE VENDOR.**



F. POS Bid Application Cover Letter

Please complete the application cover letter and submit with the required documentation. Only typed applications will be considered.

Agency Legal Name: _____

Agency DBA Name: _____

Agency EIN Number: _____

Agency NPI Number: _____

Street Address (No P.O. Boxes): _____

City / State _____ **ZIP** _____

Name of Contact/Title: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Office Location set up:

Have a designated office just for the business listed on this application

Running this business from home office

Sharing office with someone else

Any other scenario: _____



Please return this cover page with the documents in the checklist below:

- A copy of Articles of Incorporation (*Department of Licensing and Regulatory Affairs*)
- Original Certificate(s) of Insurance (*On an Acord Certificate*)
- All required Policies and Procedures
- Documentation or Proof of Licensure
- Verification of criminal history screening of employees via Michigan I-Chat (www.michigan.gov/ichat)
- Signed statement that employees are not subcontracted (*Unless otherwise approved by TSA*)
- Copy of facility license (*AFC or HFA*)
- High-speed internet access is required
- Signed W9
- Current Financial Statement
- Current Organizational Chart
- Professional References

1. Is your agency Medicare certified?

- YES NO

2. Previously has your agency been a contracted provider for TSA?

- YES NO

If so when? _____

3. Is your agency able to provide services to all of TSA's service area (34 communities of southern/western Wayne County)?

- YES NO

If no, what communities are you able to serve?

4. How long has your agency been in business? _____

5. How long has your agency been providing homecare services to clients? _____

6. Does your agency have a bid agreement with another Area Agency on Aging?

- YES NO

If yes, which one(s)? _____



How many AAA clients is your agency currently serving? _____

7. How many private pay clients is your agency currently serving? _____

8. What is the total number of clients you currently provide service for? _____

9. Do you have a Registered Nurse (RN) licensed by the State of Michigan on staff?

YES NO

10. Do you currently have Certified Nursing Assistants (CNA) employed at your agency?

YES NO

If yes, how many? _____

11. Is your agency a staffing company and contracts direct care workers out?

YES NO

12. Does your agency W2 all of the direct care workers that are employed at your agency?

YES NO

13. How many employees does your agency have? _____

14. Does your agency keep I9 information on file for all employees?

YES NO

15. Is your agency and agency staff currently enrolled in CHAMPS, per 42 CFR **438.602(b)** and Section 5005(b) (2) of the 21st Century Cures Act?

YES NO

16. What services can your agency provide? Check all applicable

Service	Check if able to provide
Adult Day Care	
Chore Services (lawn, snow, repairs etc.)	
Community Living Supports	
Counseling (one visit)	
Durable Medical Equipment	
Home Delivered Meals	
Home Modification	
Homemaking	



PERS Unit	
Personal Care	
Private Duty Nursing (PDN/LPN)	
Residential Services (AFC/HFA licensing required)	
Respite Care (in-home)	
Training	
Transportation	
Respiratory Therapy	

APPLICATION INSTRUCTIONS

A. Articles of Incorporation

Applicants must submit evidence of their status as either a public, incorporated private non-profit or for-profit entity, and/or political subdivision of the state through the submission of the state certificate from the Department of Licensing and Regulatory Affairs indicating the official corporate name and/or including any certificates of assumed name or DBA status. For other entities, a City or Township Charter may be used. The Articles of Incorporation can be obtained from:

www.dleg.state.mi.us/bcs_corp/sr_corp.asp.

This document must demonstrate that the applying vendor agency has been in business at least three (3) years for consideration and is currently operating as a home health care business.

B. Certificates of Insurance

1. All vendors must have sufficient insurance to indemnify loss of federal, state and local resources due to casualty or fraud. Vendors must carry:
 - 1) **Workman’s Compensation \$500,000 all limits**
 - 2) **Third Party Crime \$50,000 limit**
 - 3) **General and Professional Liability \$1,000,000 limit**
 - 4) **Auto Liability (for agency owned vehicles providing transportation) and/or**
 - 5) **Non-Owned Auto Liability (for vehicles not directly owned by the agency that provide transportation for TSA clients – i.e. direct care worker’s vehicle). \$1,000,000 limit**



Applicants must contact their insurance agent/broker and inform them of the TSA's Insurance requirements. TSA **will not** contact the insurance agent/broker of applying agencies.

2. The agent must issue an Acord Certificate which indicates: each required insurance; timeframes of the coverage; and the coverage amounts. Certificates are to be sent to TSA via FAX or EMAIL at Fax Number: (734) 727-2013 Email: contracts@tsalink.org.
3. TSA must be listed as the certificate holder on your Acord Certificate. TSA must be added as additional insured on General Liability and Auto Liability.

4. **Policies and Procedures Review Checklist**

Applicants MUST submit the policies and procedures outlined below in the same order. Missing or policies over and above this checklist should not be submitted and will cause a delay in processing.

1. Participant Appeal/Grievances
2. Participant Confidentiality
3. Participant Feedback/Evaluation
4. Participant Rights and Responsibilities
5. Emergency in the participant's home
6. Medication Management Policy/Procedure
 - a) Policy for aides – Note TSA does not allow non-licensed individuals to dispense medication. Only queuing is allowed.
 - b) Policy for PDN staff (if applicable)
 - c) Procedure for notifying TSA if employees notice a problem with the participant's ability to take medication as prescribed.
7. Policy for reporting Accident/Incidence Reports and Emergency Response including:
 - a) Notifying TSA if services are not available due to weather related or other emergencies by calling 734-722-2830.
 - b) Contacting participants regarding scheduling/rescheduling or cancellation.
 - c) Verifying participant's health and safety status in the event services cannot be delivered.
 - d) Instructing workers to report any change in participant's condition or environment to supervisor. Supervisor is to report to TSA immediately any sort of such change.
 - e) Procedure for ensuring that agency staff knows the participant's contingency plan in the event of missed visits.
 - f) Reporting abuse, neglect or exploitation to Adult Protective Services (APS).
 - g) Reporting abuse, neglect or exploitation to The Senior Alliance.
 - h) Reporting of theft or illegal activities in the home.
8. Policy for reporting if services cannot be provided for any reason including if the participant is not in the home for the following reasons:
 - a) Hospitalization
 - b) Nursing Home/Rehab
 - c) Out of home respite



9. Solicitation – policy on worker solicitation which states workers may not:
 - a) Solicit or accept contributions or gifts from TSA participants.
 - b) Offer for sale any type of merchandise or service.
 - c) Seek or encourage acceptance of any belief or philosophy.

10. Recruitment, Training (orientation and ongoing) and Supervision of Staff
 - a. Yearly and ongoing training of employees is to be provided at a minimum of three times per year. Provide a **schedule** of training including topics. Sample training topics include:
 - i. Safety
 - ii. Sanitation
 - iii. Emergency procedures
 - iv. Body mechanics
 - v. Universal precautions
 - vi. Household management
 - vii. HIPAA
 - viii. Person-Centered Planning
 - ix. Critical Incident Reporting
 - x. Fraud, Waste, and Abuse

11. Provide a Table of Contents, Outline of Personnel Policy and Organizational Chart

12. Provide a sample form used for conducting in-home supervisory visits of direct care workers which contains:
 - a. Date of supervision
 - b. Name of participant
 - c. Name of worker
 - d. Skills/tasks observed
 - e. Level of competence
 - f. Signature of supervisor

Note that a registered nurse (RN) licensed by the State of Michigan is required to perform supervisory visits on all direct care workers providing bathing, dressing, personal care, medication cuing/reminding, and/or dementia support twice per year. Provide a copy of the RN license for the individual responsible for this function. A qualified manager/supervisor should be overseeing all other tasks performed.

13. Reporting of any changes in the participant’s situation to TSA including:
 - a. Structural damage
 - b. Unsanitary environment (including insect/rodent infestations)
 - c. Non-compliance with medical care
 - d. Absence of scheduled services (placing participant in a vulnerable state by comprising his/her health)



14. Policy/Procedure for acquiring background checks and at least two references for employees before they start work in a participant's home.
15. Please provide a list of professional references.

C. Proof of Licensure

Agencies providing the following services must provide proof of licensure:

- Private Duty Nursing (LPN/RN license)
- Respiratory Therapy License
- CNA Certification
- Counseling (MSW/BSW license)
- Out-of-Home Respite (AFC or HFA license)
- Residential Services (AFC or HFA license)
- Environmental Accessibility Adaptations (Licensed builder or contractor)
- Limousine License (Transportation)
- Current Vehicle Inspection forms (Transportation)
- Vehicle Registrations, for all vehicles used for business (Transportation)

D. Subcontracting Direct Care Workers

TSA requires a statement on agency letterhead that agency does not subcontract direct care workers. TSA will not be considering agencies that 1099 direct care workers or subcontract direct care workers or services through an outside agency. Direct care workers must have a W2 on file with the agency which employees them.

TSA reserves the right to consider subcontracting under special circumstances. For example, home modification and chore.

E. Active Business Requirements

- Provide Current Financial Statement
- Current Organizational Chart

Documents must either be dropped off or mailed to The Senior Alliance. Send completed applications to the address below:

The Senior Alliance – Area Agency on Aging 1-C
Attention: Contracts
5454 Venoy Rd
Wayne, MI 48184