



THE SENIOR ALLIANCE ANNUAL VENDOR MEETING AND TRAINING

NOVEMBER 5, 2019

Ground Rules

- Please turn cell phones off or set to “vibrate.”
- Be courteous to those around you and refrain from side conversations.
- Hold all questions until the end of each section of the presentation.
- Please state your name and the name of the vendor agency you represent before asking a question.
- At the end of this presentation is an attached document that must be signed and returned to TSA. Please be sure to do this before you leave.

This presentation will be available on TSA’s website:

<http://www.aaa1c.org/doing-business-with-us/purchase-of-service-pos-provider/>

Agenda

1. Introduction – TSA Staff
2. Presentation by Jeff Schroder – Plunkett Cooney
3. Updated Standards
4. Service Standard Verification
5. Timesheet Accuracy/Fraud Implications
6. Common Caregiver Issues
7. Criminal History Screenings and Exclusion Checks
8. Invoicing Information
9. CCD Training
10. Questions
11. Acknowledgement Signature Page

INTRODUCTION/CONTACT INFORMATION

Tamera Kiger	Chief Executive Officer
Kishori Gandhi	Chief Financial Officer/Deputy Director
Kelly Faber	CCD Chief Clinical Officer
Lydia Gold	Compliance Officer
Elizabeth Browning	Director of Programs and Special Projects
Gail Wejrowski	CCD Waiver Clinical Manager
Andrew Dabrowski	CCD Program Manager
Megan Silverman	CCD Quality Manager
Melissa Gaynier	CCD Program Manager
Tara Price	CCD Training Manager

INTRODUCTION/CONTACT INFORMATION

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Presentation by
Jeff Schroder
Senior Attorney at
Plunkett Cooney

Updated Standards

- Aging and Adult Services Agency programs and MI Choice Waiver have updated their standards.
- TSA and Vendors must comply.
- Noncompliance may result in action up to contract termination.
- Current version includes some changes that affect Vendors.
- Updated Operational Guidelines list these new standards.

Background Check Requirements

Additional Background Checks are required.

- ICHAT checks are still required. Print the results for your records.

- Federal Sex Offender Registry

<https://www.nsopw.gov/>

- Go to the website
- Enter the person's name
- Press the "enter" key
- Print the results for your records.

Background Check Requirements

- Michigan Sex Offender Registry
- https://www.michigan.gov/msp/0,4643,7-123-1878_24961---,00.html
 - Go to the website
 - Click on “Search the Michigan Sex Offender Registry”
 - Click on “Click Here to Search for Offenders in your Area
 - Select the “Name” tab
 - Enter the person’s name and click on “search”
 - Print the results for your records.
- Central Registry Clearance for anyone working with children or vulnerable adults

Central Registry Clearance

- ❑ Paper form process
- ❑ Applicant fills out and signs the form (DHS-1929)
- ❑ Mail or fax the form to the local MDHHS office
- ❑ Clear results will be mailed to employer. Results showing a central registry listing will be mailed to the individual.
- ❑ Results are mailed within 10 days.
- ❑ Keep all documentation for your records
- ❑ TSA will email copy of the form.

Frequency of Background Checks

- All background checks must be completed at hire (ICHAT, Central Registry, National Sex Offender Registry, and Michigan Sex Offender registry)
- The following must be completed every three years at minimum and preferably annually:
 - ICHAT
 - National Sex Offender Registry
 - Michigan Sex Offender Registry

Additional Requirements

- Vendor must decide whether to prohibit individual from working with participants or accessing information based on background check results
- Employees, volunteers, contractors and contractor employees must disclose in writing within 10 days any criminal convictions, pending felony charges, or placement on the central registry
- Vendor must not have committed an act of so serious or compelling nature that it affects the current responsibilities

General New Provisions

- Must comply with Anti-Lobbying Act
- Must have whistleblowing protections in place
- Publicity and Publication Rights
 - Must have TSA and MDHHS approval for media releases related to the contract and must acknowledge TSA and MDHHS in all publications, papers and presentations
 - Must obtain prior written authorization from TSA and MDHHS for materials acknowledging TSA or MDHHS

New Insurance Requirements

- Additional insurances are required
 - ▣ Cyber liability: \$500,000 minimum
 - ▣ Sexual Abuse and Molestation Liability: \$500,000 minimum (may be included in General Liability as Abuse Coverage – check with insurance provider)
 - ▣ Employer’s liability: \$500,000 minimum (may be included in Workers’ Compensation – check with insurance provider)
- All vendors need to submit evidence of having both types of insurance no later than 11/15/19.
- All former insurance requirements still stand (see next slide).

Insurance

- The following insurance is required to be renewed and kept at the required limits throughout the Agreement period:
 - ▣ General and Professional Liability: \$1,000,000 limits minimum, TSA listed as additional insured
 - ▣ Auto Liability: \$1,000,000 limits minimum, TSA listed as additional insured
 - Transportation vendors with company vehicles must include “scheduled autos”
 - ▣ Worker’s Compensation: \$500,000 limits minimum
 - ▣ Third Party Crime/Dishonesty Bond: \$50,000 minimum per occurrence
- TSA must be listed as certificate holder.
- Vendor is required to have their insurance provider send updated certificates before the expiration date.
- **If updated insurance is not received by the expiration date, corrective action may be taken, including contract termination.**

Year End Turn

- Vendors must print out authorizations for MI Choice and CM/CCS participants that ended on 9/30/19 and begin on 10/1/19.
- Individual notifications will not be sent out for each participant needing a new authorization starting 10/1.
- This is per the direction of Center for Information Management (CIM).
- If you do not see a current authorization for each participant under “Service Reports,” contact the SC.

Annual Service Standard Verification (ASV)

- TSA is requiring that the following documentation be submitted on an annual basis in order to confirm compliance with MDHHS standards.
- Updated copies of these documents may be requested at any time throughout the year for audit purposes.
- When licenses expire, renewed copies need to be sent to TSA.
- Vendors will receive tools based on contracted services and a Compliance Attestation Tool via email in the near future.

Home Care Provider ASV

- Copies of updated RN license for supervision
- Current background check
- Policies on:
 - ▣ All caregivers are at least 18 years old
 - ▣ Caregivers can effectively communicate written and orally
 - ▣ Higher-level non-invasive tasks must only be performed by workers trained/supervised by an RN.
 - ▣ Relevant experience in housekeeping, good health practices, observation, reporting, identifying abuse/neglect, food prep
 - ▣ First aid, universal precautions, and blood-borne pathogens training
 - ▣ Background checks

Additional Home Care Standards

- If caregivers are transporting participants, they must be properly licensed and insured.
- Family caregivers cannot be the spouse of the participant.
- Family members who provide home care services must meet the same standards as caregivers who are unrelated to the participant.
- If the participant is not able to administer their own medications, the medication must be administered by properly trained staff/under the supervision of trained staff.
- In licensed residential settings (AFC/HFA), the owner/managers of the facility qualify to supervise staff.

Fiscal Intermediary ASV

- Evidence of being bonded/insured.
- Readiness Review documentation.
- Demonstrated ability to manage budgets
- Able to manage activities related to employment taxation, worker's comp, state/local/federal regulations

Home Delivered Meals (HDM) ASV

- License - Health Code Standards (PA 368 of 1978)
- Capacity to provide 3 meals per day at least 5 days per week that meet the Dietary Reference Intake (DRI) and Recommended Dietary Allowances (RDA) standards.
- Policies on continuing services in the case of an emergency.
- Product liability insurance.
- Food shall be delivered at safe temperatures.

Additional HDM Standards

- Unless otherwise preferred by a participant, vendors must not provide more than a two week supply of frozen meals per delivery.
- Use person-centered planning principles when meal planning for participants.
- Be able to provide a nutrient analysis for a meal upon request.

Adaptive Medical Equipment (DME) ASV

- Be enrolled in Medicare and Medicaid as a Durable Medical Equipment provider.
- Updated copy of DME license.

Adult Day Care (ADC) ASV

- Program Director must have a minimum of a Bachelor's Degree in a health or human services field, or be a qualified health professional.
- Staff at a ratio of no less than one staff member for every 10 participants.
- Provide health support services under the supervision of a RN.
- Staff must be trained in basic first-aid.
- If participants are transported, drivers must be licensed, vehicles must be licensed and registered with the Secretary of State, and drivers must comply with P.A. 1 of 1985 regarding seat belt usage.
- First-aid materials must be available on site.
- At least one staff person must be trained in CPR.

ADC ASV Continued

- Emergency procedures must be posted in all rooms.
- Fire drills must be completed and documented every 6 months.
- ADC shall have the following:
 - ▣ One straight back or sturdy chair per participant and staff person
 - ▣ Lounge chairs or day beds for naps/rest periods
 - ▣ Storage space for participant's personal belongings
 - ▣ Tables for ambulatory/non-ambulatory participants
 - ▣ Accessible telephone
 - ▣ Special equipment to assist persons with disabilities
- ADC shall be compliant with:
 - ▣ Barrier-free design/local building codes
 - ▣ Fire safety standards
 - ▣ Applicable Michigan/local public health codes

Additional ADC Standards

- 1 hot meal must be served per 8 hour day.
- Must have written consent from the participant/representative to assist in taking medications, along with medication administration policies and training.

Chore Services ASV

- Pest Control vendors must be properly licensed.

Home Modifications ASV

- Home mod providers must be properly licensed (Builder's license) and meet the following:
 - MCL 339.601(1)
 - MCL 339.601.2401
 - MCL 339.601.2403(3)

Transportation ASV

- All drivers must have valid Michigan Chauffeur driver's licenses.
- Secretary of State must appropriately license and inspect all vehicles.
- Vehicles must be all covered with liability insurance.
- Drivers must be physically capable and willing to assist persons requiring help getting in and out of vehicles.
- Drivers must be trained to cope with medical emergencies and properly securing wheelchairs in vans.
- All drivers must comply with P.A. 1 of 1985 regarding seat belt usage.

Personal Emergency Response System (PERS) ASV

- Federal Communication Commission must approve equipment used.
- Equipment must meet UL safety standards 1637 for Home Health Signaling Equipment.
- Response centers must be staffed 24 hours a day, 365 days a year.
- Must provide accommodations for persons with limited English proficiency.
- Response center must be able to respond to all incoming emergency signals and accept multiple signals simultaneously.

Additional PERS Standards

- Verify participant information on a semi-annual basis to ensure current and continued participation.
- Conduct at least monthly testing of each PERS unit.
- Provide ongoing assistance in the use of the devices to participants and caregivers.
- Keep records of service delivery, emergency responders for each participant, and a log of all participant and responder contacts.

Preventative/Private Duty Nursing ASV

- All nurses must be properly licensed under the standards Nursing MCL 333.17201-17242.
- All nurses must maintain a current Michigan nursing license.
- Vendor must send in RN/LPN licenses for all new hires.
- Nursing Services/PDN may include medication administration.
- LPNs must be supervised by RNs.

In-Home Respite ASV

- Must also meet requirements of service code H2015.
- Must have written procedures that govern assistance given to participants in self-medication, which include review of medications, verification of dosages, instructions for entering medication information into participant files, and a statement of the responsibilities of the participant/family.
- Procedures must be reviewed by a physician/pharmacist/RN.
- Supervise staff providing respite with a professionally qualified supervisor.

Out-of-Home Respite ASV

- Provider must be a licensed Adult Foster Care (AFC – Act 218 of 1979) or Homes for the Aged (HFA – MCL 333.21311).
- Must employ a professionally qualified program director.
- Must demonstrate a working relationship with a hospital or other health care facility.
- Must have emergency notification plans in place for each participant.

Sample Service Verification Form

- ❑ Sample of service verification form you will receive.
- ❑ 1 form per contracted service.
- ❑ Vendor must attest on the form that all applicable service standards are being met.
- ❑ Supporting documentation must be sent with form.

Provider Qualifications	Met (X or N/A)	Not Met (X or N/A)
Service Name: Adult Day Health Program		
Provider Monitored: _____		
Adult Day Program Agency: _____		
License: N/A		
Certificate: N/A		
Other: _____		
1. Each provider shall employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional. The provider shall continually provide support staff at a ratio of no less than one staff person for every ten enrollees. The provider may only provide health support services under the supervision of a registered nurse. If the program acquires either required or optional services from other individuals or organizations, the provider shall maintain a written agreement that clearly specifies the terms of the arrangement between the provider and other individuals or organizations.		
2. The provider shall require staff to participate in orientation training as specified in the operating standards document(s) which will be provided to ICOs. Additionally, program staff shall have basic first-aid training. The provider shall require staff to attend in-service training at least twice each year. The provider shall design this training specifically to increase their knowledge and understanding of the program and enrollees, and to improve their skills at tasks performed in the provision of service. The provider shall maintain records that identify the dates of training, topics covered, and persons attending.		
3. If the provider operates its own vehicle for transporting enrollees to and from the program site, the provider shall meet the following transportation minimum standards:		
a. All drivers must be properly licensed, and all vehicles registered, by the Michigan Secretary of State. All vehicles shall be appropriately insured.		
b. All paid drivers shall be physically capable and willing to assist persons requiring help to get in and out of vehicles. The provider shall make such assistance available unless expressly prohibited by either a labor contract or an insurance policy.		
c. All paid drivers shall be trained to cope with medical emergencies unless expressly prohibited by a labor contract.		
d. Each program shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.		

Supervisory Visits

- Supervisory Visits – RNs are required to perform supervisory visits for H2015 and T1019 services.
- This standard is from the MI Choice Waiver Operating Standards and MI Health Link Operating Standards.
- This includes tasks like bathing, incontinence, medication reminders, and dementia care.
- Vendors must have evidence of 2 supervisory visits performed by an RN per year.

Nursing Notes

- If you provide nursing services, you are required to send monthly nursing notes to TSA through vendor view. **These must be sent by the 5th of the month.**
- Nursing notes must include:
 - ▣ Summary of participant's current health conditions
 - ▣ Changes in health from previous assessment
 - ▣ Tasks being performed are per physician's orders (Yes/No)
 - ▣ Tasks performed are meeting participant's medical needs (Yes/No)
 - ▣ Additional comments
- **This is a major compliance issue. TSA may take corrective action up to and including contract termination for those vendors who continuously do not submit nursing notes.**

OIG Reporting

- Office of Inspector General (OIG) is requiring that certain information be submitted in quarterly reports for MI Choice Waiver participants.
- TSA will be reporting to OIG any time that any money is deducted from a POS Vendor payment.
- This includes:
 - Assessment findings
 - Billing when services were not provided for any reason, including missed visits, hospitalizations, nursing home admissions, participant not home, etc.
 - Paper bill edits
 - Data mining activities

OIG Reporting

- The state will now be aware of any time Vendors bill when services were not provided, including deductions in payments from discrepancies at audits and billing when participants are in the hospital.
- **This shows the importance of ensuring that bills are only submitted when services were provided.**
- **Vendors should also stress the importance of having proper backup documentation (timesheets) to support all units billed.**

OIG Reporting

- TSA is also required to send reports to OIG throughout the year regarding the following:
 - Vendors/caregivers suspected of committing fraud
 - Vendors/individuals who are found to have active exclusions
 - Any time TSA takes adverse action against a Vendor (termination of contract)
 - Any time TSA requests that the vendor send support documentation before a bill is approved

Timesheet Accuracy

- All caregivers should be trained on how to properly fill out timesheets.
- Importance of accurate timesheets should be stressed.
- Errors on timesheets/missing components can be considered fraud.
- Participants should be signing timesheets that accurately describe the services that were provided.
- **Units should not be billed in vendor billing if there is not an accurate timesheet signed by a participant to support the units.**

Timesheets

- The following areas should be emphasized:
 - Participant Name/Employee Name
 - Date & Time In/Time Out (AM &PM)
 - Unit Breakdown
 - Tasks Completed
 - Participant Signature
 - Caregiver Signature

- Timesheet templates can be found on our website at: <http://www.aaalc.org/doing-business-with-us/purchase-of-service-pos-provider/>

Participant/ Caregiver Name

- Participant name should be filled out and spelled correctly
- Employee actually providing services should be listed
- Week ending date should be given

S U N	Date	Time In	Time Out	HMK	PC	RC		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
M O N	Date	Time In	Time Out	HMK	PC	RC		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS
S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Date & Time In/Time Out

- Dates should match days of the week
- Time in and time out should accurately reflect the time the caregiver arrived and left
- Days with no services provided should be blank
- New month = new timesheet should be started

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
		11/19/19	9:00AM	11:00AM				
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Unit Breakdown

- Hours should be converted into units (1 hour = 4 units)
- Units should be recorded in the correct service code box
- Units should be carried down to the "total units" box

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
		11/19/19	9:00AM	11:00AM		8		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
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Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Tasks Completed

- Tasks should be checked off for all services completed
- Checked off tasks should help show the services the participant received each day and should match services listed on the authorization

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
		11/19/19	9:00AM	11:00AM		8		
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA



Client Notes: _____

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Participant Signature

- Participant should only be signing after services have been provided on the same day they were provided.
- Participants should not be signing before the services are provided, or a few days after.
- Caregivers should not submitting pre-filled out/copied timesheets – this is fraud.
- Caregiver, family members, etc. should not be signing the participant's name for participant.
- Units should not be billed if there is no participant signature.**
- It should be confirmed that participants are unable to sign before noting on timesheets.

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
S U N								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
M O N	11/19/19	9:00AM	11:00AM		8			
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature: <i>John Doe</i>				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
T U E S								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
W E D								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
T H U R								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
F R I								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
S A T								
	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing/Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Caregiver Signature

- Caregivers should be signing off and therefore confirming the services they provided for the week.
- Caregiver signatures should be dated.
- Units should not be billed for timesheets that are not signed and dated by caregiver.

S U N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

M O N	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
		11/19/19	9:00AM	11:00AM		8		
Client Signature: <i>John Doe</i>				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T U E S	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	PDN	CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOT PDN	TOT CLS

Client: **John Doe**

1. Employee Name: **Jane Doe**

2. Employee Name: _____

Week Ending: **11/23/19**

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Clean/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
Private Duty Nursing							
PDN - RN							
PDN - LPN							
Chore	SU	MO	TU	WE	TH	FR	SA
Grass Cutting							
Snow Removal							
Fall Clean-Up							
Community Living Sup.	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Jane Doe
Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature
11/19/19
Date

Timesheet Fraud

- If TSA reviews timesheets and there is not evidence to support the units billed, TSA must recoup the funds.
- If any timesheets appear to be fraudulently signed or filled out, TSA is required to report to the Office of Inspector General (OIG).
- If the participant is in the hospital/nursing home/rehab/deceased and units are billed on these dates, TSA is required to recoup the funds and report to OIG.
- Vendors must report to TSA if they believe any caregivers are submitting fraudulent timesheets as soon as they are aware of the problem.

Sending Secure Emails

- All emails that contain any participant information, whether they are sent to TSA or anyone else at your agency, must be sent securely.
- Instructions for sending secure emails to TSA: <..\POS 2018\New Vendors\Forms\Sending TSA a Secure Email.pdf>
- Caregivers should not be texting/emailing timesheets or any information about participants. All communication regarding participants should be made through HIPAA compliant portals.

Issues with Staffing

- There is a staffing shortage throughout Michigan.
- Many vendors have reported issues with hiring workers and consistently staffing cases.
- TSA receives frequent complaints from participants about not receiving services.
- If your agency is not able to staff a case, please let TSA staff know immediately so a new vendor can be found.
- Participants cannot go weeks at a time without receiving services while vendors are searching for new staff.

Reporting Participant Status Changes

- Vendors must report to TSA through vendor view any changes in participant status as soon as they are made aware of the change.
- This includes admissions to the hospital, nursing home, or rehab facility.
- Status changes that are not reported can have fraud implications.
- **Vendors must stress the importance of reporting hospitalizations to all caregivers, including those that are family or friends of the participant.**
- Caregivers should be made aware that not reporting hospitalizations and/or forging timesheets can jeopardize their ability to continue to care for their family member/friend.
- If a vendor suspects that a caregiver is fraudulently signing a timesheet, this should be reported to the Office of Inspector General at the link <https://oig.hhs.gov/fraud/report-fraud/index.asp>, as well as TSA.

Communication

- Vendors are required to keep the lines of communication open and provide ongoing feedback on participants.
- This includes:
 - Clearing voicemail boxes so TSA staff can leave messages
 - Returning voicemails in a reasonable time frame
 - Checking vendor view messages every 24 hours
 - Having someone with vendor view access available to check vendor view messages every day during business hours
- TSA is an expert in community supports and resources. If you identify anyone (participant, family member, caregiver, etc.) in need of resources, please call The Senior Alliance.
- If your phone is not working temporarily, please let TSA know the best way to contact you for the time being.
- TSA should be alerted when there is a change in address, phone number, email address etc.
- **Vendors must not contact participants after services have been stopped with your company.**

Send a Vendor View Message for:

- ❑ Missed visits by the caregiver for any hours worked less than the care plan
- ❑ Visits/caregiver refused by the participant
- ❑ Participant not home for visit
- ❑ Not able to staff case
- ❑ Falls/accidents/injuries
- ❑ Change in participant mental/physical condition
- ❑ Significant change to informal supports of the participant
- ❑ Problems with the home/environment of the participant
- ❑ Participant admitted to hospital, rehab, or nursing facility
- ❑ Critical incident reporting (after phone call to SC has been made)
- ❑ Changes in vendor view/vendor billing users
- ❑ Changes in contact information, including phone numbers, addresses, EIN number, email addresses, etc.
- ❑ Questions about authorizations
- ❑ Anything containing Protected Health Information (PHI)

When in doubt, send a vendor view message.

Missed Visit Reporting

- Missed visits should be reported through vendor view AND vendor billing.
- In vendor billing, all missed visits should be documented using the following codes:

Missed Visit Codes	
PC - PARTICIPANT CANCELLED	VH - VENDOR HOLIDAY
PDH - PARTICIPANT DECREASED HOURS	VIW - VENDOR INCLEMENT WEATHER
PH - PARTICIPANT HOSPITALIZED	VNA - VENDOR/WORKER NO SHOW
PNA - PARTICIPANT NOT AVAILABLE	VNA - VENDOR/WORKER NOT AVAILABLE
PNF - PARTICIPANT NURSING FACILITY	VS - VENDOR/WORKER SICK
PRW - PARTICIPANT REFUSED WORKER	VSP - VENDOR/WORKER SCHEDULING PROBLEMS
PS - PARTICIPANT SICK	

Archiving Vendor View Notices/Messages

- ❑ **All Vendor View notices and messages should be archived once read within 24 hours of being posted.**
- ❑ By archiving a service authorization or assessment, you are accepting the person centered service plan, agreeing to the terms of the authorization, and agreeing to begin services on the authorized start date.
- ❑ All service authorizations and assessments should be printed and placed in participant files once received.
- ❑ Archived messages and notices can still be viewed in the “archived messages” tab.
- ❑ If messages/notifications are not archived, TSA will assume that the message has not been read and Vendor is therefore out of compliance.
- ❑ Vendor View should be checked at a minimum twice per day. A best practice is to keep Vendor View open at all times.
- ❑ Notification through email is only sent through an automated system **twice a day** at 11:30AM and 3:30PM, so do not rely on the email system if you are in immediate need of an authorization.

Common Caregiver “Don’ts”

- Caregivers/staff should be trained **not to:**
 - Discuss personal/financial problems with or in front of participants
 - Bring children, pets, or other family members to the homes of participants
 - Attempt to convince participants that they need more hours/services
 - Solicit participants to receive other services offered by the vendor, including services not covered by the MI Choice, MI Health Link, or CM/CCS programs
 - Discuss participant information in front of another TSA participant, as this is a HIPAA violation
 - Dress inappropriately/out of work uniform. Caregivers should be dressed professionally and have picture ID/name badges on them
 - Use cellphones while at the home of participants
 - Sleep on the job
 - Use participant personal items
 - Smoke in participant homes
 - Smoke before/after/during the transportation of participants

Caregivers Working on Holidays

- If you are authorized to provide services that fall on a holiday, your agency must ensure that services are provided that day.
- Unless it is agreed upon with the participant that services will be performed on a different day or are all together canceled, Vendor must continue to provide services on holidays.

Vendor Employee Exclusion List Review

- Vendors must screen all employees with access to TSA client information through the following regulatory agencies before hire:
 - Michigan Department of Health and Human Services (MDHHS) Sanctioned Providers List
 - Office of Inspector General (OIG) Exclusions Database
 - System for Award Management (SAM) Debarment Search
- TSA utilizes the service Provider Trust to conduct all exclusion checks for TSA employees.
- Vendors must conduct exclusion reviews for employees on a **monthly basis**.
- Documentation of conducting exclusion reviews must be printed and kept on file.
- TSA cannot reimburse services performed by individuals who are excluded from receiving State or Federal Medicare/Medicaid funding.
- Vendors must submit **quarterly** attestation forms to TSA certifying that they have conducted exclusion reviews for all employees.
- **Attestations are due on January 15, April 15, July 15, October 15 every year.**

Criminal History Screenings

- ❑ All vendors must conduct background checks for employees upon hire.
- ❑ Background checks are required for any of the following individuals:
 - ❑ Any individual with ownership interest in the agency
 - ❑ Any individual who is providing services or has direct access to client information
 - ❑ Any person providing services to client that is reimbursed under Medicaid
- ❑ Background checks must be conducted every 3 years at a minimum.
- ❑ **Vendors cannot hire caregivers with mandatory exclusions.**
- ❑ **Caregivers with permissive exclusions can only be hired if:**
 - ❑ **Participant has chosen family/friend to be their caregiver (Personal Choice).**
 - ❑ **Participant signs a waiver stating that they are aware of the permissive exclusion.**
 - ❑ **Caregiver cannot serve any other participants.**
- ❑ Any excludable convictions discovered for current caregivers serving TSA participants must be disclosed to TSA.
- ❑ TSA cannot reimburse any services performed by caregivers who have mandatory or permissive exclusions (excluding personal choice caregivers).

Criminal History Screenings

- **Employees with any of the following mandatory exclusions must not serve TSA participants:**
 - Conviction of a criminal offense related to the delivery of an item or service under any federal or state health care program;
 - Conviction under federal or state law, relating to neglect or abuse of patients in connection with a delivery of a health care item or service;
 - Conviction of a felony criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct, which occurred after August 21, 1996, under federal or state law, in connection with the delivery of health care items or services or with respect to any act or omission in a health care program (other than those specifically mentioned above), operated by or financed in whole or in part by any federal, state, or local government agency;
 - Conviction of a felony criminal offense, which occurred after August 21, 1996, under federal or state law, related to unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

MHL Permissive Exclusion Process

- Vendors must obtain participant consent if they wish to receive service from a caregiver of their choice that has permissive exclusions.
- The process is as follows:
 1. TSA contacts vendor to let them know that a family caregiver would like to be credentialed through their agency.
 2. Vendor runs background check and exclusion checks for the caregiver.
 3. If the background check is clean, the vendor sends a vendor view message stating the date that the caregiver was hired.
 4. If there are hits on the background check/exclusions, vendor faxes the results of the background check/exclusions to Attn: Melissa Gaynier at 734-727-2089.
 5. MI Health Link Manager will review the background check/exclusions and make a determination if further action needs to be taken.
 6. If the background check does not have a mandatory or permissive exclusion, vendors will receive a vendor view message stating that the caregiver can be hired.
 7. If the background check has a mandatory exclusion, vendor will receive a vendor view message stating that the caregiver cannot be hired.
 8. If the background check has a permissive exclusion, a vendor view message will be sent to the vendor stating that the vendor must meet with the participant and have them sign the attached form if they would like this caregiver to provide services.
 9. Once the vendor has the participant sign the attached form, the caregiver is able to be hired and provide services to the participant. Vendor keeps a copy of the form with the participant file.
 10. Vendor sends a copy of the signed permissive exclusion form to TSA via fax to Attn: Leanne and Kristin at 734-727-2089.
 11. Vendor sends a vendor view message stating the date that the caregiver was hired.

CHAMPS/EVV

- The State of Michigan currently has put a hold on accepting CHAMPS applications for atypical vendors. We have not received a new deadline for when vendors should be enrolled.
- The deadline to implement an EVV system was January 1, 2020. However, the last notification we received from the state was that no action needs to be taken at this time.
- The state of Michigan has applied for an exemption in order to extend the deadline to January 1, 2021.
- TSA will continue to update when more information is received.

Updated Department of Labor Laws

- Under the Fair Labor Standards Act, all home care providers are required to meet the minimum standards as outlined by the U.S. Department of Labor, effective January 1, 2015.
- Please review the following document that outlines all requirements for home care providers:
https://www.dol.gov/whd/homecare/homecare_guide.pdf
- For additional information, please visit:
<https://www.dol.gov/whd/homecare/agencies.htm>

Program Operational Guidelines & Standards

- Vendors should be familiar with MDHHS MI Choice and MI Health Link Minimum Operating Guidelines.
- TSA has updated the website with new MI Choice and MI Health Link Operating Standards for FY 2020.
- These standards show the minimum expectations TSA has for each service performed.
- The standards can be found on www.aac1c.org at:

Business Partners → POS Provider → Service Standards

Fiscal/Programmatic Assessment

- Fiscal and Programmatic Assessments are performed to verify compliance with MDHHS, TSA, and AASA standards.
- TSA reserves the right to assess providers at any time during the fiscal year.
- **Vendors must be prepared and have all documentation listed in tools pulled before the start of the assessment.**
- Timesheets must be:
 - Organized by the month (including the first and last week of the month) in alphabetical order by client name
 - Separated between MI Choice and MI Health Link
- All participant and employee files should be updated.
- Supervisory visit forms must show that an RN completed the visit, and a copy of the RN license must be available during the assessment.
- Personnel files must include (but not limited to):
 - Background checks and exclusion checks
 - Licenses (RN, LPN, etc)
 - New hire documentation (I-9, W4, references, etc)
 - Training documentation
 - TB tests
 - Drivers Licenses, if applicable

Fiscal/Programmatic Assessment

- If a large fiscal discrepancy is found at the first audit conducted, TSA may elect to conduct a second audit on a larger sample size.
- Payroll records must demonstrate compliance with The Fair Labor Standards Act and all other applicable Department of Labor rules and regulations.
- If a provider is non-compliant with TSA, MDHHS, or AASA standards, the following actions may be taken:
 - Submit a Corrective Action Plan
 - Placed on Probationary Status
 - Funds deducted from future payment
 - Removed from the vendor pool

Authorizations/Billing

- Units billed will only be approved if they are within the weekly amount authorized.
- “Times and days may vary” must exist within the weekly amount authorized. **Please verify that all applicable authorizations state “times and days may vary” if you are billing on dates outside the care plan.**
- Example – If a participant is out of town for one week, they cannot make up their hours the following week.
- The dates that services were provided on should always match the dates billed.

Additional Billing Reminders

- If you receive authorization for both Homemaking and Personal Care services, do not go over either the Homemaking or Personal Care weekly authorized units.
- Make sure that units are not billed when authorizations are stopped for the participant being in the hospital.
- Vendors should bill by the timesheets, not by the care plan.
- Home care vendors who receive authorizations for transportation mileage must have a corresponding log documenting the mileage in order to bill.

Invoicing Information

- Do not perform services until you have received **WRITTEN** authorization via Vendor View.
- If you do not receive Vendor View authorization within 2 business days, immediately call the Supports Coordinator or send a Vendor View message. Your invoice may be rejected.
- Monthly billing is due by the 5th of each month.
- Vendors cannot bill participant over and above what TSA reimburses vendors.
- Billing should only be submitted **once per month**. Please do not send multiple batches per billing cycle. If you receive late timesheets after your billing has been submitted, please submit the following month.
- Checks are released the Friday following the fourth Thursday of the month unless otherwise noted. Vendors will be contacted via Vendor View with any changes or variation to this schedule.
- Please cash checks in a **timely manner**.
- All billing forms and instructions can be found on the website at www.aaal.org

ACH Form

- We encourage all vendors to use ACH forms.
- Completed forms can be faxed to 734-727-2013.
- When filling out the ACH form, please be sure that the routing number and account numbers are filled out correctly.
- If an account number is entered wrong on the form, TSA is not responsible for missing payments.
- ACH forms can be found on the website:
<http://www.aaa1c.org/doing-business-with-us/purchase-of-service-pos-provider/>

Training

- TSA is mandating that the following trainings be completed by staff on an annual basis :
 - Cultural Competency/Awareness of Personal Prejudices
 - ADA Compliance
 - Disability Awareness/Chronic Conditions
 - Person Centered Planning
 - Critical Incident/Abuse and Neglect Reporting
 - Fraud, Waste, and Abuse, Including 2 Medicare Compliance Trainings
 - HIPAA Compliance
- These trainings will be presented annually at Vendor Meetings.
- It is the responsibility of the vendor to make sure their staff is trained in these areas on an annual basis.
- Any new employees hired throughout the year must be trained on these materials as well.
- Please sign and submit the attestation form stating that trainings will be distributed to staff after this meeting.

Questions?

CULTURAL COMPETENCY & AWARENESS OF PERSONAL PREJUDICES

Awareness of personal prejudices (2.7.6.8.2)

What is Culture?

- Culture is defined as a body of learned beliefs, traditions, principles, and guides for behavior that are shared among members of a particular group.

What is Culture Competence?

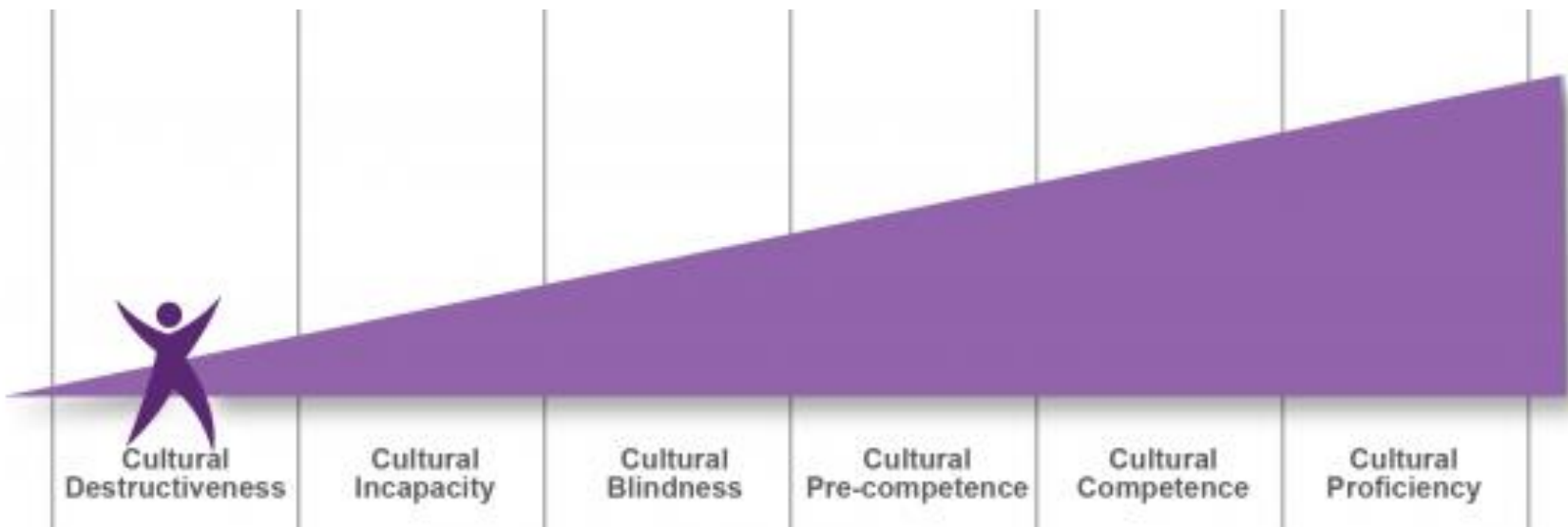
- Culture competence is the capability of effectively dealing with people from different cultures.

Cultural Considerations

- ❑ There are many factors that influence culture. These same factors can be influenced by culture. The list below are just some of the things that can influence or can be influenced by culture.
 - ❑ Ethnicity
 - ❑ Race
 - ❑ Country of Origin
 - ❑ Gender/ Gender Identification
 - ❑ Age
 - ❑ Socio-Economic Status
 - ❑ Primary Language
 - ❑ English Proficiency
 - ❑ Literacy Level
 - ❑ Sexual Orientation
 - ❑ Employment
 - ❑ Geographic Location
 - ❑ Physical Ability / Limitations
 - ❑ Immigration Status
 - ❑ Criminal Justice Involvement
 - ❑ Political Affiliation
 - ❑ Spirituality / Religion

Cultural Competency Continuum

- Developing cultural competency is a process. It takes time, and happens along a continuum that involves awareness, knowledge, and skills. Not everyone starts in the same place on the continuum.



Cultural Competency Best Practices

- Let individuals define goals, dreams, and aspirations based on their culture
- Respect the differences between your culture and the individual's culture.
- Be conscious of personal behavior that could be considered insensitive by others.
- As a sign of respect always ask the individual how they would like to be addressed.
- Gesturing should be avoided; benign body or hand movements may have an adverse connotations in other cultures.

Cultural Competency Best Practices

Continued

- When addressing issues that are very sensitive, acknowledge the uncomfortable nature of the topic and explain the importance of talking about it.
- When preparing food for an individual always ask if there are certain foods that they prefer or any foods that they avoid due to cultural, religious, or health reasons.
- Always ask what language they prefer and accommodate their request.

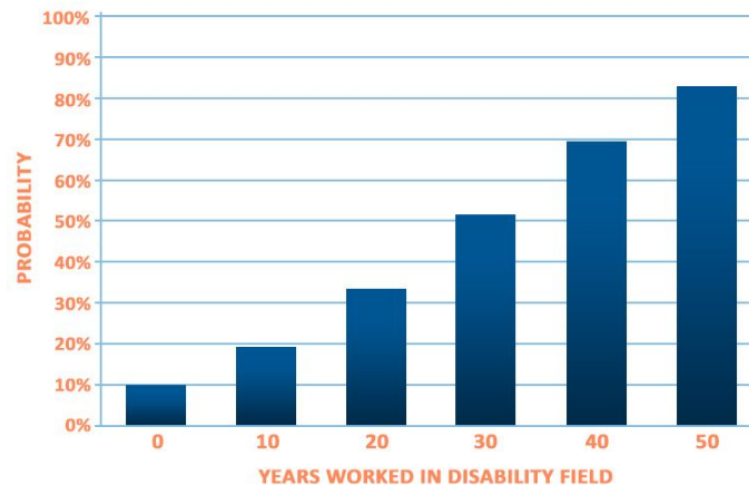
What is a personal prejudice?

- An unjustified or incorrect attitude (usually negative) towards an individual based solely on the individual's membership of a social group.
- This attitude could be based on socioeconomic status, race, ethnicity or disability.

Awareness of personal prejudices

- Based on the findings of a study completed by The Council on Quality and Leadership (CQL), there was a relationship between unconscious attitudes and defining disability as lacking independence, in relation to the norm or as impairment. Findings suggest people who define disability in relation to the norm have slightly more prejudice attitudes than people who define disability as a lacking of independence, or impairment. The longer someone works in the disability field, the more likely they are to understand disability as simply a general difference- a form of human variation.

ODDS OF DEFINING DISABILITY AS SIMPLY A GENERAL DIFFERENCE:



LEGAL OBLIGATIONS TO COMPLY WITH THE ADA

(2.7.6.8.3)

American Disability Act (ADA) Compliance

- The American Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the area of employment, public accommodations and telecommunications. ADA requires providers to make reasonable access and accommodations for all persons with disabilities.
- Any Questions on ADA standards please review:
 - <http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Manuals/ADA-Handbook.pdf>

ADA Standards

- Building has handicap designated parking. Parking spaces are accessible with ramps and curb cutouts between the parking lot, office and at drop off locations.
- Building has automatic entry option or alternative access method.
- Building has elevator for public use (if building is multi-leveled). Elevator has enough room for the wheelchair and/or scooter to maneuver.
- Restroom is equipped with large stall and safety bars or other reasonable accommodations.

ADA Standards

- Waiting room (including furniture) can accommodate patients with physical and non-physical disabilities. The reception and waiting areas have enough room for a wheelchair and/or scooter to maneuver and turn around.
- Doors to access building, office and patient rooms are at least 32 inches wide.
- Signage and way finding is clear (i.e., color and symbol signage).
- Larger print for written materials
- Audio accommodations

DISABILITY AWARENESS & CHRONIC CONDITIONS

Various Types of chronic conditions prevalent within the target population (2.7.6.8.1)

What is a disability?

- According to the Americans with Disabilities Act (ADA), a person is considered to have a disability if he or she has a limitation to one or more major life activities.
- Major life activities are primarily defined as:
 - Caring for oneself,
 - Performing manual tasks,
 - Seeing and / or hearing,
 - Walking and / or standing and or lifting,
 - Speaking and / or breathing,
 - Learning
 - Communicating
 - Working

The Platinum Rule

- What is the Platinum Rule?
 - ▣ Do unto others as *they* would want done to *them*
- The Golden Rule, as great as it is, has limitations, since all people and all situations are different. When you follow the Platinum Rule, however, you can be sure you're actually doing what the other person wants done and assure yourself of a better outcome.

Disability Awareness Best Practices

- Talk directly to the person who has the disability, not his or her companion, aid or interpreter.
- Ask the person what their communication preference is.
- When talking to a person with disabilities, you should first say “hello” then introduce yourself by using your name and your position.
- If possible, put yourself at eye-level with the person you are speaking with. Listen attentively and be patient.

Disability Awareness Best Practices

Continued

- Ask a person about his or her disability and the capabilities or limitations they may have.
- Use People-First Language
 - ▣ Choose your words carefully
 - ▣ Don't use the medical diagnosis as a label for the person.
 - ▣ Emphasize capabilities, not restrictions.
 - ▣ Avoid the use of words that can create a negative perception.

Disability Awareness Best Practices

Continued

- Refrain from patronizing, or talking down, to a person with disabilities. The level of challenge a person with disabilities may encounter has no bearing on their intelligence.
- Before stepping in to help someone with a disability always ask, “Can I help you with that?” and be respectful of their answer.

Cognitive Disabilities and Behavioral Health Disorders Best Practices:

- Generally considered “invisible” disabilities, and impact that the disability may have on an individual varies greatly from person to person.
- If someone is not responding to you with accepted social norms (such as nodding in agreement), ask if he or she understands the topic. Speak with a normal tone, pace, and at a normal volume.
- Don't feel the need to over explain. General comprehension is not typically a challenge to those with a cognitive disability or behavioral health disorder.

Mobility Devices and Aids Best Practices

- Always ask before helping
- Do not crowd a person using a mobility aid.
- Be conscious of that person's reach limits.
- Do not grab on to a person who is using a walker or a cane.
- Do not pet and or distract service animals.

Deafness and Hearing Loss Best Practices

- Speak directly to the person with the disability, not to his or her interpreter.
- Ask about preferred volume. Speak louder if you are asked, do not assume that the person can or cannot hear you.
- If you are having difficulty understanding someone with hearing loss or deafness, let them know.

Blindness or Low Vision Best Practices

- ❑ Introduce yourself using your name and/or position.
- ❑ Speak directly to the person, not to a companion, guide, or other individual.
- ❑ Speak using a natural conversational tone and speed.
- ❑ Address the person by name when possible - this is especially important in crowded areas.
- ❑ Immediately greet the person when he or she enters a room. This lets the person know that you are present.
- ❑ Be prepared to offer assistance when asked.
- ❑ Identify yourself before you make physical contact with a person who is blind.

Speech Disabilities Best Practices

- Give the person your full attention.
- Don't interrupt or finish the person's sentences.
- If you have trouble understanding, don't nod. Just ask them to repeat.
- If you are not sure whether you have understood, you can repeat for verification.
- If, after trying, you still cannot understand the person, ask him or her to write it down or to suggest another way of facilitating communication.

Important Reminders

- People with disabilities are individuals with families, jobs, hobbies, likes and dislikes, and problems and joys. While the disability is an integral part of who they are, it alone does not define them. Don't make them into heroes or victims. Treat them as individuals.
- Do not make assumptions about what a person can or cannot do based on his or her disability. All people with disabilities are different and have a wide variety of skills and personalities.

What is a chronic condition?

- A disease or ailment that persists for a long time. A disease that is lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics.
- Generally, these chronic conditions are not prevented or cured by vaccines or medication.
- 88% of Americans over the age of 65 have at least one chronic health condition, according to the U.S. National Center for Health Statistics.

Examples of chronic conditions

- ▣ Arthritis
- ▣ Cardiovascular Disease
- ▣ Cancer
- ▣ Diabetes
- ▣ Epilepsy and Seizures
- ▣ Obesity
- ▣ Oral health problems

PERSON CENTERED PLANNING



Definition & Key Concepts

- A set of approaches designed to assist someone to plan their life and supports. It is used most often as a life planning model to enable individuals with disabilities, or otherwise, requiring support to increase their personal self-determination and improve their own independence
- It shifts power back to the participant
- People are the expert of their own lives
- Getting to know the person is the core of person centeredness.
- We learn:
 - How the person wants to live
 - Builds upon their capabilities
 - Honors their preferences, choices, desires, and needs

Important To and Important For

- As direct care providers we sometimes assume we know what's best for our participants.
- **Important To** is an expressed desire for a person to live life with an expressed choice (how they choose to live).
- **Important For** is something required for a person to live.

Direct Support Professionals

- You are important to the person centered process because you...
 - Know the person
 - Understand what is important to the person
 - Understand the person's communication style/non verbal communication
 - Have a trusting relationship with the person
 - Support the person in different environments
 - Are the individual the person turns to for assistance and support
- Your job is to encourage and support the individual while providing necessary daily care to keep them safe in their homes.
- You are clearly an important part of each person's life.

How to be Person Centered

- In order to better assist participants and understand their needs and wishes we must
 - Listen to understand
 - Ask Powerful and Open ended Questions
 - Use Person First Language (names the person first and the condition second, for example "people with disabilities" rather than "disabled people"; to avoid dehumanization)
 - Attain a shared meaning

WAIVER ADVERSE BENEFIT DETERMINATION

Definitions

- Adverse benefit determination (ABD) - the reduction, suspension, or termination of a previously authorized service; or the failure of the waiver agency to act within the timeframes provided in §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
- Appeal – A review by the waiver agency of an adverse benefit determination.
- Grievance - an expression of dissatisfaction about any matter other than an adverse benefit determination.
- **If a participant has an appeal request or a grievance direct them to call The Senior Alliance and ask for any CCD Manager.**

CRITICAL INCIDENT REPORTING

What Are Critical Incidents?

- A “Critical Incident” is any actual, alleged or suspected event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well being of a program participant.

Reporting Critical Incidents:

- It is a requirement by CMS (Centers for Medicare and Medicaid Services).
 - Federal Level
- It is a requirement by MDHHS (Michigan Department of Health and Human Services).
 - State Level

Types of Incidents Reported

1. Exploitation
2. Illegal Activity in the Home
3. Neglect
4. Physical Abuse
5. Provider No Show
6. Sexual Abuse
7. Suspicious death
8. Theft
9. Verbal Abuse
10. Worker
Drugs/Alcohol
11. Medication error
12. Suicide attempts
13. Use of restraints or
seclusion
14. Other

Mandated Reporters

- A person who is employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services; an employee of an agency licensed to provide health care, educational, social welfare, mental health, or other human services; a law enforcement officer; or an employee of the office of the county medical examiner who suspects or has reasonable cause to believe that an adult has been abused, neglected, or exploited shall make immediately, by telephone or otherwise, an oral report to the county department of social services of the county in which the abuse, neglect, or exploitation is suspected of having or believed to have occurred. *(Social Welfare Act - Act 280 of 1939, 400.11)*

Direct Care Providers

- ***Direct Care Providers have a legal responsibility to report*** suspected abuse, mistreatment, or neglect and a relatively new obligation to report reasonable suspicions of a crime against a participant. Sometimes they can be held liable if they don't and the abuse, mistreatment, or neglect is discovered.
- As the direct care provider, you are not expected to investigate and draw the conclusion that abuse, neglect, or misappropriation has happened.
- A Direct Care Provider's only responsibility is to report any actual, alleged, or suspected incidents to the appropriate persons and explain their reason for concern.
 - ▣ Sometimes explanation for reason of concern is as simple as observing behaviors that are not normal or that seem worrisome.
- Knowing this makes the responsibility less intimidating.
- Once the report has been made, it is then the investigator's responsibility to investigate and make the determination whether misconduct occurred and what punishment, if any, is imposed.

Critical Incidents that must be reported to other entities:

- Exploitation – Required to report to APS
- Neglect – Required to report to APS
- Verbal abuse – Required to report to APS
- Physical abuse – Required to report to APS
- Sexual abuse – Required to report to APS

- Illegal activity in the home with potential to cause a serious or major negative event - local authorities/police
- Suspicious or Unexpected Death – Death should be reported to law enforcement if it is a suspicious death possibly linked to abuse or neglect.

ALL critical incidents should be reported to The Senior Alliance

- It is the Senior Alliance's responsibility to also investigate and report on ALL critical incidents to the MDHHS, APS, and Local Authorities as required.
- Again, it is very important that The Senior Alliance's Support Coordinator is notified of all critical incident types when they are actual, alleged, or suspected incidents.
- If it is your policy for staff to report to their supervisor, it is important that either the direct care provider or the supervisor notifies TSA.

You can notify TSA's Supports Coordinator of Critical Incidents by phone only.

During your conversation with the Supports Coordinator please inform us of:

1. Participants Name
2. Person(s) involved
3. Facts about the case
4. Information on what the direct care providers observed, or suspects to be happening.
5. Explain reasons for cause of concern/reason for worry.

How to file APS Reports

- As always, call 911 if there is immediate danger to you or anyone else.
- Reports can be anonymous
- Police should be called if there is illegal activity

APS & CPS contact information: Centralized Intake for Abuse and Neglect (CPS/APS)

- Phone: (855) 444-3911
- Email: DHS-CPS-CIGroup@michigan.gov
- Fax: (616) 977-1154 or (616) 977-1158
- Address: 5321 28th St. Ct. SE, Grand Rapids, MI 49546

- Be prepared when calling. Review your notes and have the victim's information available.
- APS accepts phone referrals. Referrals must include:
 - Victim's basic contact information
 - Description of suspected abuse, neglect or exploitation
 - As much other information as possible
- Intake will accept or decline the referral
- If accepted, worker goes to the home within 2 business days
- APS tries to support the family/individual in the individual's chosen living environment before recommending removal from the home
- APS will file for guardianship or otherwise force removal from the home if no alternative

FRAUD, WASTE & ABUSE

Fraud

- **Fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. This applies to the fraudulent completion and submission of timesheets/cards in order to collect payment for hours not worked, hours above what has been approved by the WA/SC and having the participant sign blank timesheets/cards. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to \$250,000. (CMS)

Waste & Abuse

- **Waste** includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. (CMS)
- **Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. (CMS)

How To Report

For Medicare:

- US Department of Health and Human Services (HHS)
- Call 1-800-Medicare (1-800-663-4227)
- TTY users call 1-877-486-2048
- Online at <https://oig.hhs.gov>

For Medicaid:

- Michigan Department of Community Health (MDHHS)
- Phone (toll free): 1-855-MI-FRAUD (1-855-643-7283)
- Online: www.michigan.gov/fraud
- Write: Office of Inspector General (OIG), PO Box 30479 Lansing, MI 48909

AmeriHealth

- **Call:** Anonymous Fraud Tip Hotline at **1-866-833-9718**.
- **Mail:** Special Investigations Unit, 200 Stevens Drive, Philadelphia, PA 19113

Aetna

- <https://www.aetnabetterhealth.com/michigan/fraud-abuse>
- Submit a report on line at the link above or
- You may prefer to contact their **Special Investigations Unit** by calling **1-866-806-7020** or our **Aetna Medicaid-Medicare Compliance Hotline** number at **1-855-676-5820**.

HAP

- Call HAP's Compliance Hotline 24 hours a day at (877) 746-2501.
- Report possible fraud in writing to HAP and include your contract number, date of service and other information that you think may be useful. Send your report to:

HAP

Compliance Department

2850 West Grand Boulevard

Detroit, MI 48202

Michigan Complete Health

- Compliance Help Line: 1-800-345-1642 or
- Fraud Waste and Abuse Line: 866-685-8664

Molina

□ Telephone

- Call the Toll-Free number of the Molina Healthcare Anti-Fraud Line:
(866) 606-3889 TTY/TTD:711
Monday - Friday 8 AM - 5 PM local time

□ Online

- Report an issue online through a confidential and secure site, visit:

<https://MolinaHealthcare.AlertLine.com>

Must Review and Distribute to Staff:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

**THE HEALTH INSURANCE
PORTABILITY AND
ACCOUNTABILITY ACT
(HIPAA)**

What is HIPAA?

- A broad federal law passed in 1996 due to the rapid growth of health information systems and the need to safe guard individuals' health information. That also addresses many health care privacy, security and electronic billing issues. It improves portability and continuity of health insurance coverage in the group and individual markets, and simplifies the administration of health insurance.
- In some cases states may have different rules and restrictions. If the state laws are more stringent then those found in HIPPA we must follow the state's regulation.

Privacy Standard

- The Privacy Rule is a set of national standards for the protection of certain health information.
- These standards address the use and disclosure of individuals' Protected Health Information (PHI) by organizations.
- PHI – Individually identifiable health information.

PHI must have two components:

Medical Information includes past, present, and future:

- ❑ Health Status
- ❑ Health Payment Information
- ❑ Mental Care Received
- ❑ Physical Health Care Received
- ❑ Health Care Diagnosis
- ❑ Dates of Services
- ❑ Diagnosis Codes

Personally Identifiable Information:

- ❑ Name
- ❑ Date of Birth
- ❑ Address
- ❑ Names of Relatives
- ❑ Name of Employer
- ❑ Telephone/ Fax Numbers
- ❑ Email Address
- ❑ Social Security Numbers

Covered Entities & Business Associates

- The HIPAA Privacy Rule applies to all **Covered Entities** and their **Business Associates**.
 - **Covered Entity** – health care provider, health plan, or health care clearinghouse that electronically transmits and receives PHI.
 - **Business Associates** – an entity or person that preforms services or functions for a Covered Entity. The Privacy Rule allows a Covered Entity to share PHI with its Business Associates. Prior to sharing, a Covered Entity must have a contract, call a Business Associate Agreement, that prohibits these Business Associates from using or disclosing PHI in any way that would violate the Privacy Rule.

HIPAA Violations

- Breach – An unauthorized acquisition, access, use or disclosure of PHI in a manner not permitted under HIPAA.
 - The **Breach Notification Rule** requires HIPAA Covered Entities and their Business Associates to provide notification following a breach of unsecure PHI. The Following must be notified:
 - **Individuals** who are affected by a breach must be notified no later than 60 days from the time of discovery.
 - **Media** – a breach that involves 500 or more individuals must be reported to the media no later than 60 days from discovery.
 - **U.S Department of Health and Human Services** – requires health care companies to submit a log of all breaches that are fewer than 500 individual once a year. Any breach that involves 500 or more individuals must be reported within 60 days from the time of discovery.

Use and Disclosure of PHI:

- **Use** – To share, utilize, examine, or analyze PHI *within the Company*.
- **Disclosure** – to release, transfer, or share PHI to an entity or person outside of the company.
- A Covered Entity may not use or disclose an individual's PHI except as permitted or required by law.

Occasions where PHI can be disclosed without individuals consent:

- For **Treatment** of individuals
- For **Payment** of a provider
- For **Health Care Operations**
- If required by **Law or Law Enforcement**
- For **Public Health Purposes**
- To **Report Abuse**
- To **Avert a Serious Threat**

HIPAA Consent

- Documents that individuals may use to give a Covered Entity written consent to use or disclose their PHI in ways not otherwise permitted by HIPAA.
- Written Consent Must include:
 - The information to be used or disclosed
 - The name of the Covered Entity may disclose the information
 - The purpose of the disclosure.
 - The expiration date
 - Individuals or personal representative's signature.

HIPAA and you

- The minimum necessary rule restricts the use and disclosure of PHI to the least amount necessary to perform a specific task.
 - ▣ Look at PHI only if your task requires it.
 - ▣ Use only the minimum amount of PHI needed to complete your task.
 - ▣ Talk to others about PHI only if it is necessary to perform your task.
 - ▣ Give PHI to others only when it is necessary for them to perform their tasks.

HIPAA Compliance

- It is everyone's responsibility to:
 - ▣ Remain vigilant in preventing unauthorized access or actions.
 - ▣ Watch for unauthorized use or disclosure of PHI
 - ▣ Safeguard PHI

Computer Security Guidelines

- ❑ Never allow anyone to use your computer
- ❑ Never share your username/ password with anyone
- ❑ Never write down your password and leave it unsecured or in a public space
- ❑ Always lock your computer before you step away from your work space
- ❑ Ensure your laptop is in the docking station when you leave for the day
- ❑ Always use a “strong password” that contains and alphanumeric and special characters.

Email Security Guidelines

- You may not email or forward PHI to anyone unless it is needed to preform a specific task
- You may not email proprietary/ confidential information to personal email accounts.
- If sending PHI always use secure email, if communicating with TSA about any participant vendor view should be used.
- Double – check your recipients before you send out or reply to any email regarding PHI.

Fax Security Guidelines

- If sending PHI by fax, you must use a standard cover sheet, which includes a confidentiality statement.
- Double check the accuracy of the destination number before sending the fax.
- You must check transmittal records for each fax that contains PHI immediately after the transmission.

Public Areas Security Guidelines:

- You should always be aware of your surroundings regarding PHI .
- Refrain from having conversations concerning members' claims or other PHI when in an unsecured area.
- If necessary, when discussing PHI in an unsecured area, refrain from using specific information that may identify a specific member/ participant/ or case.
- When handling PHI in public areas, make sure it is away from prying eyes and secure all documents before departing.

Workspace Security Guidelines:

- Documents that contain PHI should never be left around your work space at any given time.
- Paper documents containing PHI should be shredded when no longer needed.
- PHI and sensitive documents should always be stored within locked drawers, cabinets, containers, or rooms.

Reporting Compliance Concerns

- Concerns can be reported through your agency process or may be reported directly to TSA. To report to TSA:
- Call 734-722-2830, ext. 2001
- Email Compliance_Issues@thesenioralliance.org
- To report anonymously, mail concerns to:
 - The Senior Alliance
 - Attn: Compliance Officer
 - 5454 Venoy
 - Wayne, MI 48184

Abbreviations

- MHL – MI Health Link
- MDHHS – Michigan Department of Health and Human Services
- CIM – Center for Information Management Inc.
- CHAMPS - Community Health Automated Medicaid Processing System
- EVV – Electronic Visit Verification System
- AASA – Aging and Adult Services Agency
- OIG – Office of Inspector General
- SAM – System for Award Management
- CCD – Community Care Department
- POS – Purchase of Service
- NEMT – Non-Emergency Medical Transportation
- SC – Supports Coordinator

ARE THERE ANY QUESTIONS?





**Thank you for attending
The Senior Alliance
Annual Vendor Meeting and Training**

References

- <https://courses.mihealth.org/MIHealthLink/home.html>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf>

Acknowledgement of Attending
The Senior Alliance
Annual Provider Meeting and Training

November 5, 2019

I acknowledge that I have attended The Senior Alliance Annual Provider Meeting and Training as a representative of my agency. I understand that the organization I represent must follow these Guidelines and Operational Standards to ensure payment for services provided and continuation of agreement with The Senior Alliance. I attest that the training topics covered on this date will be covered annually with all staff, and evidence of these trainings will be kept in employee files.

Agency name: _____

Agency representative's printed name: _____

Agency representative's signature: _____

Date: _____