



**The Senior Alliance Purchase of Service Application Part 1:**

**Application Cover Letter**

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:**

- Designated office just for the business listed at the address on this application
- Running this business from home office
- Sharing office with someone else/another business
- Other: \_\_\_\_\_

**Please provide answers to the following questions:**

**1. Is your agency Medicare certified?**

- YES  NO

**2. Has your agency previously been a contracted provider for TSA?**

- YES  NO

**If so, what year?** \_\_\_\_\_

**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 or Waiver Agency?  
 YES  NO  
If yes, which one(s)? \_\_\_\_\_

7. How many AAA clients is your agency currently serving? \_\_\_\_\_

8. How many private pay clients is your agency currently serving? \_\_\_\_\_

9. What is the total number of clients you currently provide service for? \_\_\_\_\_

10. Do you have a Registered Nurse (RN) licensed by the State of Michigan on staff?  
 YES  NO

11. Do you currently have Certified Nursing Assistants (CNA) employed at your agency?  
 YES  NO  
If yes, how many? \_\_\_\_\_

12. Is your agency a staffing company that contracts direct care workers out?  
 YES  NO

13. Does your agency W2 all of the direct care workers that are employed at your agency?  
 YES  NO

14. How many employees does your agency have? \_\_\_\_\_

15. Does your agency keep I9 information on file for all employees?  
 YES  NO

16. Does your agency have current insurance (i.e. general liability, worker's comp, etc)?  
 YES  NO

17. Would your agency be willing to purchase additional insurance in order to become a vendor with The Senior Alliance (i.e. cyber liability, third party crime bond, etc) if applicable?  
 YES  NO



**18. What services can your agency provide? Check all applicable**

<b>Service</b>	<b>Check if able to provide</b>
Adult Day Care	
Chore Services (lawn/snow repairs, deep cleaning, pest control etc.)	
Community Living Supports	
Counseling (one visit)	
Durable Medical Equipment	
Home Delivered Meals	
Home Modifications	
Homemaking	
PERS	
Personal Care	
Private Duty Nursing (PDN/LPN)	
Residential Services (AFC/HFA licensing required)	
Respite Care (in-home)	
Training	
Transportation	
Respiratory Therapy	

**19. If you are interested in providing home modification services, does your agency have a current Builders License?**

YES  NO

**20. If you are interested in providing non-emergency transportation services, does your agency have a current Limousine License?**

YES  NO



**21. If you are interested in providing non-emergency transportation services, are all agency vehicles properly insured, inspected, and registered with the Michigan Secretary of State?**

YES  NO

**General Selection and 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 Manager and/or other Compliance department staff will determine if an application is complete. Requested application documents must be emailed to [ewright@thesenioralliance.org](mailto:ewright@thesenioralliance.org).
- B. Before the application is approved, an introductory meeting may be scheduled with applicable TSA staff.
- C. Submission of this initial application does not guarantee admission into the vendor pool. Additional documentation may be requested as part of the application process.
- D. Agreements for new vendors are effective on the date of the Chief Executive Officer and/or Chief Financial Officer’s signature and remain in effect per the terms of the Agreement.
- E. If an application is approved, the vendor agency will be provided with a POS Agreement to complete and submit for processing.
- F. 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.
- G. Entry into the POS vendor pool does not guarantee that services will be purchased.**

By checking this box, the applying vendor is confirming that they have read the above application instructions and understand that additional documentation will need to be submitted by the applicant in order for the application to be considered for approval.



## **The Senior Alliance Purchase of Services Application Part 2:**

### **Application Attachments**

#### **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](http://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) **Worker'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**
  - 6) **Employer's liability \$500,000 minimum**
  - 7) **Sexual Abuse and Molestation Liability \$500,000 minimum**
  - 8) **Cyber Liability \$500,000 minimum**

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 can be emailed to [ewright@thesenioralliance.org](mailto:ewright@thesenioralliance.org).
3. TSA must be listed as the certificate holder on your Acord Certificate. TSA must be added as additional insured on General, Professional, and Auto Liability.

#### **C. Policies and Procedures Review Checklist**



Applicants MUST submit the policies and procedures outlined below in the same order. There may be a delay in processing the application if policies are missing or if policies that are not required are submitted.

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) Procedure for ensuring that agency staff knows the participant's contingency plan in the event of missed visits.
  - e) Reporting abuse, neglect or exploitation to Adult Protective Services (APS).
  - f) Reporting abuse, neglect or exploitation to The Senior Alliance.
  - g) 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 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

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. List of professional references.

#### **D. 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)

**E. 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, such as home modifications and chore services.

**F. Active Business Requirements**

- Current Financial Statement
- Current Organizational Chart
- Signed W9

Documents must be emailed to [ewright@thesenioralliance.org](mailto:ewright@thesenioralliance.org).