

DETROIT AREA AGENCY ON AGING
1333 Brewery Park Blvd., Suite 200
Detroit, Michigan 48207-4544
Tel. (313) 446-4444
Fax (313) 446-4445

**Vendor Pool
Part 1 of 2**

**APPLICATION FOR Project CHOICE /
MI Choice (MEDICAID WAIVER) –
DIRECT PURCHASE OF SERVICE
PROVIDERS POOL**

**FISCAL YEARS 2010 -- 2012
(October 1, 2009 – September 30, 2012)**

**OPERATIONAL GUIDELINES
(Part 1 of 2)**

Funded through Federal and State Funds

Planning and Service Area for Region 1-A:

**Detroit, Grosse Pointe, Grosse Pointe Farms,
Grosse Pointe Park, Grosse Pointe Shores,
Grosse Pointe Woods, Hamtramck,
Harper Woods, and Highland Park**

WAYNE W. BRADLEY, SR.
Chairman
Board of Directors

PAUL BRIDGEWATER
President and CEO

Detroit Area Agency on Aging Project CHOICE / MI Choice (Medicaid Waiver)

OPERATIONAL GUIDELINES

TABLE OF CONTENTS

PART 1	OPERATIONAL GUIDELINES	I-1 to I-21
	Request for Bids Calendar	I-3
	Overview	I-4
	Program Objectives	I-5
	Service Definitions	I-5
	Provider Eligibility Requirements	I-10
	DAAA Responsibilities	I-10
	Provider Agency Requirements	I-11
	DPOS Agreements	I-14
	Utilization Criteria	I-14
	Application Process	I-15
	Application Review Criteria	I-15
	Application Instructions	I-16
	Licensures and Certification Chart	I-19
	Application Checklist	I-20-21
PART 2	APPLICATION	A-1 to A-27

Fiscal Year 2010 - 2012 Request for Bids Calendar

RFB Notices mailed/published (Sunday Edition)	Sunday, May 31, 2009
RFB Available at DAAA Office*	Monday, June 1, 2009
Technical Assistance Workshop (At Historic Trinity Lutheran Church, 1345 Gratiot, Detroit, MI 48207. Please call (313) 446-4444 ext. 5343 to R.S.V.P. your attendance.)	June 10, 2009 (2:00 p.m.)
Limited Technical Assistance (by appointment only)	June 11 – 19, 2009

Applications Due at DAAA Office** (Typed original and three copies) <i>ANY PROPOSAL NOT RECEIVED BY THIS DATE AND TIME WILL BE REJECTED</i>	Monday, July 6, 2009 5:00 p.m. EST
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Proposal Review Process	July 7 – September 3, 2009
Award/Denial Notifications	September 4, 2009
Contract Negotiations and Contract Completion	September 2009
Contract Distribution	October 2009

* DAAA Website is www.daaa1a.org.

** DAAA Office is located at 1333 Brewery Park Blvd., Suite 200, Detroit, MI 48207-4544.

Handwritten applications will be rejected.

DETROIT AREA AGENCY ON AGING

Project CHOICE / MI Choice (Medicaid Waiver)

OPERATIONAL GUIDELINES

OVERVIEW

- A. Project CHOICE (Care Management) and MI Choice (Medicaid Waiver for Home and Community-based Services) are programs that focus on providing services to elderly and disabled individuals who would otherwise require a nursing home level of care.

These programs either arrange or directly purchase needed services for participants from a pool of competing providers. The vendor pool is established and maintained by the Detroit Area Agency on Aging (DAAA) through a Request for Bids (RFB) procedure.

Direct Purchase of Services (DPOS) is a method by which Supports Coordinators purchase needed care for participants through Project CHOICE, MI Choice, and other sources of funds. Project CHOICE and MI Choice greatly increase the options for persons, who in the past, may have had no alternative but to enter a nursing home. MI Choice is designed to enable persons to remain out of the institutional setting by accessing services not covered under the State Medicaid plan.

Services available for bid are:

Adult Day Health	Non-Medical Transportation
Chore Services	Personal Emergency Response Systems
Community Living Supports	Personal Care Services
Counseling	Private Duty Nursing
Environmental Accessibility Adaptations	Respite Care Services – Inside of the Home
Fiscal Intermediary Services	Respite Care Services – Inside of the Home of Another
Goods & Services	Respite Care Services – Outside of the Home
Home Delivered Meals	Specialized Medical Equipment & Supplies
Homemaker Services	Training

- B. The Office of Services to the Aging (OSA) is the State authority over the Project CHOICE program and the Michigan Department of Community Health (MDCH) is the State authority over the MI Choice program. These agencies have set standards for DPOS in addition to those under the Centers for Medicare & Medicaid Services (CMS), the Federal agency that is responsible for MI Choice.

All purchased services must include a rationale for preventing institutionalization of the participant. Providers of services must meet the specifications (standards) set forth by the Detroit Area Agency on Aging (DAAA), OSA, and MDCH. DAAA must demonstrate financial accountability for all the funds expended under these programs and must ensure the health and safety of participants through compliance with quality control procedures. The following are the basic components of the DPOS system:

- The participants' right to choose providers.
- Target specific services to individuals most in need.

- Purchase agreements for flexible service use rather than fixed sum contracting.
- Control over care plan and costs through provider selection criteria and service standards.
- Pool of competing service providers for each service to be purchased.
- Encouragement of competition among service providers.

Supports Coordinators, with agreement of the participant, arrange and authorize the purchase of services. Written service orders shall be forwarded to all service providers indicating the amount, scope, and duration of services to be provided. ***IN ORDER TO OFFER SERVICES TO MI CHOICE PARTICIPANTS ALL PROVIDERS MUST COMPLETE A HOME & COMMUNITY-BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED SUBCONTRACTOR ENROLLMENT AGREEMENT***, included in the application.

- C. The DAAA uses a unit cost reimbursement structure to purchase services from service providers. The rates submitted in the Bid Proposal form are established by the provider and included on the Service Information / Bid Proposal form in the application. This rate is subject to negotiation with DAAA, prior to the approval process.

PROGRAM OBJECTIVES

- To promote the mutual goal of maximizing independent functioning of the elderly and disabled eligible for nursing home placement.
- To maintain a climate of cooperation and consultation with and between agencies in order to achieve maximum efficiency and effectiveness among all agencies serving high-risk elderly and disabled adults.
- To reduce service duplication and fragmentation.
- To share information, resources, and advocate for the development of comprehensive community-based long-term care services for elderly and disabled residents in the service area.

SERVICE DEFINITIONS

The DAAA purchases the following services through the Project CHOICE / MI Choice programs. Refer to the appropriate OSA/Waiver standard for the complete service description and operating standards.

Adult Day Health

Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of these services **shall not** constitute a “full nutritional regimen” (3 meals per day). Physical, occupational and speech therapies will be furnished as component parts of this service. **Transportation between the participant’s place of residence and the Adult Day Health center will be provided as a component part of this service.** (Unit = 15 minutes of service)

Chore Services

Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress inside the home. This service also includes yard maintenance (mowing, raking and clearing hazardous debris such as fallen branches and trees) and snow plowing to provide safe access and egress outside of the home. These services are provided only in cases when neither the participant, nor anyone else in the household, is capable of performing or financially providing for them and where no other relative, caregiver, landlord,

community/volunteer agency, or third party payer is capable of or responsible for their provision. (Unit = 15 minutes of service)

Community Living Supports

Community Living Supports facilitate an individual's independence and promote reasonable participation in the community. Community Living Supports can be provided in the participant's residence or in community settings as necessary in order to meet support and services needs sufficient to address nursing facility level of care needs.

Community Living Supports (CLS) include:

- a. Assisting, reminding, cueing, observing, guiding and/or training in the following activities:
 - i. Meal preparation
 - ii. Laundry
 - iii. Routine, seasonal, and heavy household care and maintenance.
 - iv. Activities of daily living such as bathing, eating, dressing, and personal hygiene.
 - v. Shopping for food and other necessities of daily living.
- b. Assistance, support, and/or guidance with such activities as:
 - i. Money management
 - ii. Non-medical care (not requiring nursing or physician intervention).
 - iii. Social participation, relationship maintenance, and building community connections to reduce personal isolation.
 - iv. Transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence.
 - v. Participation in regular community activities incidental to meeting the individual's community living preferences.
 - vi. Attendance at medical appointments.
 - vii. Acquiring or procuring goods and services necessary for home and community living.
- c. Reminding, cueing, observing, and/or monitoring of medication administration.
- d. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.

(Unit = 15 minutes of service)

Counseling Services

Professional level counseling services seek to improve the individual's emotional and social well-being through the resolution of personal problems and/or change in an individual's social situation. Providers receiving waiver funds for counseling services must provide the following service components, at a minimum must provide the following service components:

- a. Psychosocial evaluation to determine appropriateness of therapy options.
- b. Treatment plan that states goals and objectives, and projects the frequency and duration of service.
- c. Individual, family, and/or group counseling sessions.
- d. Home visits and on-site counseling.
- e. Case conferencing with a waiver Supports Coordinator at least once every six weeks with participant's release.

Persons providing counseling services must have:

- a. A master's degree in social work, psychology, psychiatric nursing, or counseling or
- b. A bachelor's degree in one of the above areas and be under the supervision of a mental health professional with a master's degree.
- c. Be licensed in the State of Michigan to provide counseling. Please refer to the Chart on page I-19 for applicable state licensing laws.

Counselors must maintain ongoing case files for each participant, recording the needs assessed, a treatment plan, and the progress achieved at each session.

(Unit = 1 visit, regardless of duration)

Environmental Accessibility Adaptations

Those physical adaptations to the home, required by the participant's service plan, that are necessary to ensure the health and welfare of the participant or that enables the participant to function with greater independence in the home, without which, the participant would require institutionalization. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are not of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. All services shall be provided in accordance with applicable State or local building codes. Please refer to the Chart on page I-19 for applicable state licensing laws. (Unit = One modification or adaptation.)

Fiscal Intermediary Services

Service that assists the adult participant, or a representative identified in the participant's plan of care to prevent institutionalization by living independently in the community while controlling his/her individual budget and choosing the staff to work with him/her. The Fiscal Intermediary helps the individual to manage and distribute funds contained in the individual budget. The participant uses funds to purchase waiver goods and services authorized in the individual plan of services. Fiscal Intermediary services include, but are not limited to, the facilitation of the employment of service workers by the individual, including federal, state, and local tax withholding/payments, unemployment compensation fees, wage settlements; fiscal accounting; tracking and monitoring participant-directed budget expenditures and identify potential over and under expenditures; assuring compliance with documentation requirements related to management of public funds. The Fiscal Intermediary may also perform other supportive functions that enable the participant to self-direct needed services and supports. These functions may include verification of provider qualification, including reference and background checks and assisting the participant to understand billing and documentation requirements. The Fiscal Intermediary may also provide services that assist the participant to meet the need for services defined in the plan of care while controlling an individual budget and choosing staff authorized by the DAAA. The fiscal intermediary helps the individual manage and distribute funds contained in the individual budget. (Unit = 1 month)

Goods & Services

Goods and services are services, equipment, or supplies not otherwise available through the MI Choice waiver or the Medicaid State Plan that address an identified need in the individual plan of care, including improving and maintaining the participant's opportunities for full membership in the community.

Each item specified in the plan of care as Goods and Services must meet the following requirements:

- a. The item or service would decrease the need for other Medicaid services; and/or
- b. Promote inclusion in the community; and/or
- c. Increase the participant's safety in the home environment; and,
- d. The participant does not have the funds to purchase.

The service or item must be designed to meet the participant's functional, medical, or social needs and advance the desired outcomes in the participant's individual plan of care.

(Unit = One item)

Home Delivered Meals (HDM)

Home delivered meals (HDM) is the provision of at least one nutritionally sound meal per day to persons

who are dependent, aged, or physically disabled and unable to care for their nutritional needs. The unit of service is one meal delivered to the participant's home or to the participant's selected congregate meal site that provides a minimum of one-third of the current Recommended Dietary Allowance (RDA) for the age group as established by the Food and Nutritional Board of the National Research Council of the National Academy of Sciences. Allowances shall be made in HDMs for specialized or therapeutic diets, as indicated in the plan of care. Home delivered meals shall not constitute a full nutritional regimen. (Unit = 1 delivered meal)

Homemaker Services

Services consisting of the performance of general household tasks, (e.g., meal preparation and routine household cleaning and maintenance) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and upkeep for him or herself or others in the home. This service also includes observing and reporting any change in the participant's condition and the home environment to the supports coordinator. Homemakers shall meet such standards of education and training as established by the State for the provision of these activities. (Unit = 15 minutes of service)

Non-Medical Transportation

Services offered to enable waiver participants to gain access to waiver and other community services, activities and resources, specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's individual plan of service. Whenever possible, family, neighbors, friends, or community agencies, that can provide this service without charge is utilized. **However, family members cannot be reimbursed for the provision of transportation services.** (Unit = per round trip)

Personal Emergency Response Systems (PERS)

PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. Installation, upkeep, and maintenance of devices/systems are also provided. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caretaker for extended periods of time, and who would otherwise require extensive routine supervision. (Unit = installation or 1 month of service)

Personal Care Services

A range of assistance to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This may take the form of hands-on assistance (actually performing a task for the person) or cueing to prompt the participant to perform a task. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law. Personal Care includes assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the service furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care may be furnished outside the participant's home. The participant oversees and supervises individual providers on an on-going basis when participating in self-determination options. (Unit = 15 minutes of service)

Private Duty Nursing

Individual and continuous care (in contrast to part-time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home. Please refer to the

Chart on page I-19 for applicable state licensing laws. (Unit = 15 minutes of service)

Respite Care Services – Inside of the Home

Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Services are provided in the participant's home or a private place of residence. (Unit = 15 minutes of service)

Respite Care Services – Inside of the Home of Another

Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Services are provided in a private place of residence other than the participant's own home. The costs of room and board are not included in the provision of this service. (Unit = 15 minutes of service)

Respite Care Services - Outside of the Home

Services provided to participants unable to care for themselves furnished on a short-term basis because of the need for relief of the usual caregiver. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care may be provided in a Medicaid certified hospital or a licensed Adult Foster Care home. (Unit = 1 day of service)

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies include devices, controls, or appliances, specified in the plan of care, that enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment and medical supplies not available under the Medicaid State plan that are necessary to address participant functional limitations. All items shall meet applicable standards of manufacture, design, and installation. Waiver funds are also used to cover the costs of maintenance and upkeep of equipment. The coverage includes training the participant or caregivers in the operation and/or maintenance of the equipment or the use of a supply when initially purchased. (Unit = 1 Per item, unless otherwise specified, for liquid nutritional supplement, a unit = 1 can)

Training Services

Training services are instruction provided to a waiver participant or caregiver in either a one-to-one situation or a group basis to teach a variety of independent living skills, including the use of specialized or adaptive equipment or medically-related procedures required to maintain the participant in a home or community-based setting. The training needs must be identified in the comprehensive assessment or in a professional evaluation and included in the plan of care as a required service. Training in the following areas will be covered: activities of daily living; adjustment to home or community living; adjustment to mobility impairment; adjustment to serious impairment; management of personal care needs; the development of skills to deal with service providers and attendants; effective use of adaptive equipment. For participants self-directing services, training may also include the training of independent supports brokers, developing and managing individual budgets, staff hiring and supervision or other areas related to self-direction. Providers must possess credentials required by Michigan laws or Federal regulations. Please refer to the Chart on page I-19 for applicable state licensing laws. (Unit = 15 minutes of service)

NOTE: A copy of the *Michigan Office of Services to the Aging Operating Standards and Operating Standards for the MI Choice Waiver Program* can be obtained at the DAAA office.

PROVIDER ELIGIBILITY REQUIREMENTS

ELIGIBLE ORGANIZATIONS

Public, private, non-profit, or profit-making service organizations and political sub-divisions of the State who offer services which meet the OSA's and MDCH's minimum standards and serve the City of Detroit, the five Grosse Pointes, Harper Woods, Hamtramck, and/or the City of Highland Park are eligible to apply, providing the following conditions are also met:

- ✓ **The applicant agency has been in existence for a minimum of three (3) years;**
- ✓ **The applicant agency must be financially viable, as evidenced by a positive fund balance or net worth in its financial position.**
- ✓ **The applicant agency is current on all Federal, State and Local taxes, or is current on any payment arrangements for previously delinquent taxes.**

DAAA RESPONSIBILITIES

The DAAA shall:

1. Provide comprehensive Care Management services to elderly and disabled adults eligible for institutionalization and determined eligible for Care Management intervention. Care Management consists of:
 - a. Screening of individuals referred for Project CHOICE / MI Choice using screening tools provided by the Michigan Department of Community Health (MDCH);
 - b. Assessment using assessment tools provided by the Michigan Department of Community Health (MDCH);
 - c. Care plan development in consultation with the participant's physician, family, and inclusive of a determination of frequency and duration of all services required under the care plan;
 - d. Service negotiation including the arrangement of all health and human services, as outlined in the care plan, and which maximizes all funding sources available;
 - e. Care plan monitoring to track participant progress, through direct observational visits, monitor care plan adherence on an individual participant basis; and
 - f. Reassessment and appropriate care plan modification.
2. Provide technical assistance to the Provider Agency as needed and appropriate.
3. Offer the Provider Agency information regarding the service utilization patterns of Project CHOICE and MI Choice participants.
4. Share, as appropriate, the findings of research and results of service delivery; share relevant needs assessment information and activities so that the resources of concerned agencies may be maximized.

PROVIDER AGENCY REQUIREMENTS

The Provider Agency shall:

1. Comply with all DAAA, OSA, and MDCH regulations when and where appropriate;
2. Acknowledge that, as an agent for the Project CHOICE / MI Choice programs, DAAA Supports Coordinators shall determine the care plan to be followed by the Provider Agency and monitor care plan adherence on an individual basis;
3. Recognize that Project CHOICE / MI Choice assumes responsibility for eligibility, the initial assessment, and reassessment of the participants;
4. Utilize and not duplicate the assessment and follow the care plan in regards to frequency and duration of services;
5. Deliver services at levels specified by care plans, approved by the participant and/or physician;
6. Provide the Project CHOICE / MI Choice staff with regular, ongoing feedback regarding participants referred to it for service and report any significant changes in a participant's mental and/or physical health condition or in caregiver status;
7. Inform Project CHOICE / MI Choice of the appropriate Provider Agency contact person to be notified in care plan development and modification;
8. Notify Project CHOICE / MI Choice staff if, for any reason, the Provider Agency is unable to provide service to the participant as purchased or negotiated by the team;
9. Shall not deviate from the authorized participant care plan;
10. Must complete the Home & Community-based Services Waiver for the Elderly & Disabled Subcontractor Enrollment Form to provide services to MI Choice participants;
11. Shall not charge for any services rendered while the participant is an inpatient of a hospital or nursing home facility;
12. Shall not charge for mileage;
13. Shall not charge for services not delivered or provided;
14. Agree to bill on a monthly basis according to instructions provided by Project CHOICE / MI Choice;
15. Agrees to define one unit of service as specified in this RFB, and to bill accordingly, unless otherwise specified in this agreement;
16. Follow the screening criteria when referring elderly and disabled adults that may be eligible for Care Management intervention;
17. Share, as appropriate, the findings of research and results of service delivery; share relevant needs assessment information and activities so that the resources of concerned agencies may be maximized;
18. Have written procedures for in home emergencies;

19. Comply with the Family and Medical Leave Act of 1992, and with the Americans with Disabilities Act of 1990, as it regards to employers, public facilities and providers of goods and services;
20. Comply with Occupational Health and Safety Administration regulations governing use of toxic substances, etc., if appropriate; and
21. Comply with all licensing standards of the Provider Agency to assure quality of service delivered to Project CHOICE / MI Choice participants.
22. Services provided must not duplicate services available under Medicare, Medicaid State Plan, or other third party resources.
23. Insurance — Providers shall have sufficient insurance to indemnify loss of Federal, State, and Local resources, due to casualty or fraud. Insurance coverage sufficient to reimburse MDCH or the DAAA for the fair market value of the asset at the time of loss shall cover all buildings, equipment, supplies, and other property purchased in whole or in part with funds awarded by MDCH. Insurances required for each program are: Workers Compensation; Unemployment; Property and Theft Coverage; Fidelity Bonding (for persons handling cash); No-Fault Vehicle Insurance (for Agency owned vehicles); General liability and hazard insurance (including facilities coverage).

The following insurances are recommended for additional agency protection:

- a. Insurance to protect DAAA or the agency from claims against DAAA or the agency drivers and/or passengers.
- b. Professional liability (both individual and corporate).
- c. Umbrella liability.
- d. Errors and Omission Insurance for Board members and officers.
- e. Special multi-peril.

Successful applicants will be required to name the DAAA as an additional insured with respect to their agency's general and professional liability insurance policies and shall provide 30-day advance written notice of termination or change in coverage. The contractor shall furnish the DAAA with a certificate of insurance showing the limits of liability, policy dates and insurance carrier (see page A-10 of the Bid Application).

Confidentiality — Providers shall have written procedures to protect the confidentiality of information about participants or persons seeking services collected in the conduct of its responsibilities. The procedures must ensure that no information about a participant or person seeking services, or obtained from a participant or person seeking services by a service provider, is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local agencies (which are also bound to protect the confidentiality of the client information) so long as access is in conformity with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Agencies shall maintain all client information in controlled access files. This requirement applies to all protected information whether written, electronic, or oral.

24. HIPAA Requirements – Agencies that receive funding from the DAAA are required to be in compliance with the Health Insurance Portability and Accountability Act. Specific requirements are described in the Business Associate Agreement that is to be signed and attached to the application as indicated in the application instructions.

25. **Background Checks – Providers shall have written procedures to thoroughly check references on paid staff who will be entering participant homes. In addition, each provider must conduct a criminal background review through the Michigan State Police for each paid and/or volunteer staff person who may be entering participant homes. The costs for such background reviews should be taken into account when determining unit costs for this application.**
26. Agency agrees to provide the services specified in the agreement for the specified unit cost, regardless of the day of week, time of day, or time of year, including holidays.

A. ADDITIONAL SPECIFICATIONS FOR PERSONAL CARE SERVICES, RESPITE CARE SERVICES – INSIDE OF THE HOME, AND PRIVATE DUTY NURSING

1. The Agency shall assure that each personal care aide has completed a home health aide or nurse aide training curriculum and been certified on a task-by-task basis by the Agency Registered Nurse (RN) supervisor.
2. The Agency shall assure that all professionals possess credentials required by Michigan laws and regulations.
3. The Agency shall assure that all personal care aides or LPNs performing services are supervised by an RN or certified professional recognized by the DAAA.
4. The Agency shall assure that an RN is accessible at all times for advice and consultation when aides or LPNs are providing services.

DPOS AGREEMENTS

To facilitate the management of DPOS, agreements with various service providers are completed as a means to control cost and quality of care. DAAA reserves the right to limit the number of vendors in the provider pool. DPOS agreements are not contracts for fixed sums or a set number of participants or units of service; entry into the provider pool does not guarantee that services will be purchased. DPOS agreements merely create the *opportunity* to purchase, rather than a *commitment* from the MI Choice agency (DAAA) to purchase. The DPOS agreements shall include:

- Details of the provider requirements described in this RFB and required by MDCH/OSA/DAAA.
- A specific per unit rate from each provider for each service.
- Assurance of rates reflecting the maximum costs per unit regardless of when services are rendered.
- Adherence to the service standards and specifications.
- A provision that services not authorized in the Care Plan will not be reimbursed.
- Specifications for insurance coverage and minimum coverage requirements.
- Confidentiality policy and HIPAA Business Associate Agreement.
- Title-IIIB Local Match Requirements for the Project CHOICE (Care Management) program.

UTILIZATION CRITERIA

Project CHOICE/MI Choice staff will select providers on a case-by-case basis based on the following criteria:

A. PARTICIPANT PREFERENCE

Participant has a provider preference.

B. COST

The cost of services is a factor in selecting a service provider.

C. ACCESSIBILITY

Practical considerations involved in selecting a provider include the provider's geographic area of service and ease of service delivery to the participant.

D. ABILITY TO PROVIDE QUALITY SERVICE

The provider's past performance in furnishing quality services as authorized in the participant care plan is considered. Quality includes performance, participant outcome, and accountability as monitored by DAAA.

E. COMPREHENSIVE CARE

DAAA shall make a reasonable effort to minimize the number of different agencies involved in providing services to each participant, to limit participant and family stress. The ability of the provider to provide the different types of services needed by each participant is considered when ordering services.

APPLICATION PROCESS

Organizations proposing to participate in the Project CHOICE / MI Choice vendor pool must complete an Application Package. Part 1 of the package (this packet) contains the Operation Guidelines, and Part 2 contains the Application forms.

A. DEADLINE FOR SUBMISSION

Applications are due not later than Monday, 5:00 p.m. EST, July 6, 2009, at the Detroit Area Agency on Aging office, 1333 Brewery Park Blvd., Suite 200, Detroit, MI 48207. **Submit one (1) original AND three (3) copies. (Late applications will be rejected).**

B. TECHNICAL ASSISTANCE

NOTE: A Technical Assistance Workshop will be held on Wednesday, June 10, 2009, at 2:00 p.m. at Historic Trinity Lutheran Church, 1345 Gratiot, Detroit, MI 48207. This conference is the primary means of addressing questions and comments concerning this RFB. Limited technical assistance after the conference will be provided by appointment until Friday, June 19, 2009 from 10:00 a.m. until 4:00 p.m., Monday through Friday. NO ASSISTANCE WILL BE PROVIDED AFTER THIS TIME.

C. NOTIFICATION AND APPEALS

After recommendations have been approved by the Board, all applicants will be notified of the

decisions made by the Board. Any applicant shall have the right of appeal. The Appeals Procedure will be sent to all applicants. Notification to unsuccessful bidders will be sent via certified mail, return receipt requested, to the person so identified in the application.

APPLICATION REVIEW CRITERIA

Applications must address the components outlined in the RFB, which were developed by DAAA in accordance with governing policies and authorizing rules, standards and regulations. Applications must contain the authorized organizational signatures, complete and accurate information as requested, and appropriate documentation as required.

Applications will be reviewed and evaluated using established criteria, including reasonableness and competitiveness of costs and services. **Information provided by the applicant that is willingly, knowingly and purposely false, inaccurate, or misleading will be grounds for not considering a application for funding, for not awarding a DPOS Agreement, or for canceling an Agreement, if awarded.**

Applications received in response to this RFB will be reviewed and scored in four categories as follows:

1. **AGENCY QUALIFICATIONS AND EXPERIENCE** will be evaluated for the agency's ability to demonstrate their proficiency to operate the program or service for which it is applying, including, but not limited to, its legal status, mission, governance, leadership, experience in serving the population to be served by this program, and experience in providing the proposed service.
2. **MANAGEMENT AND FINANCIAL CAPACITY** will be evaluated for the agency's ability to demonstrate their capability to perform all contract requirements, including, but not limited to, its financial viability, entrepreneurial activities, organizational structure, administrative qualifications, management information system, technological capabilities, accounting system, audit procedures, internal control systems, past and pending legal issues, and previous audits/monitoring findings, if applicable, etc.
3. **PROGRAM STAFFING / QUALITY ASSURANCE** will be evaluated for the qualifications of the program staff and their ability to provide the proposed service in accordance with MDCH/OSA Service Standards. Quality Assurance procedures, service documentation/verification procedures will be evaluated for completeness.
4. **SERVICE INFORMATION / BID PROPOSAL**
 - a. **Proposed Services:** The bid will be evaluated in part based upon the range of services that the agency has the capacity to provide.
 - b. **Unit Rates:** The proposed rate for each unit of service will be evaluated for reasonableness for each service category. The agency's ability to repay any disallowed cost to the program will also be noted.

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NOTE: Past and current providers will also be evaluated based on:</p> <ul style="list-style-type: none">◆ Provider performance◆ Submission of timely and accurate invoices◆ Programmatic and financial assessment findings◆ Client feedback |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPLICATION INSTRUCTIONS

Instructions for completing the Application (Part 2 of 2) are as follows:

A. COVER PAGE

Complete the Cover Page (p. A-1) in its entirety.

B. AGENCY BACKGROUND

1. Provide a summary (p. A-2) that includes at a minimum:
 - The purpose of your agency;
 - Date of incorporation;
 - Board structure;
 - Accreditation information;
 - History of providing the proposed services;
 - Number and qualifications of staff available to provide the services;
 - Experience with turnover in administrative and program/direct service staff.
2. Include an organizational chart of the agency at the end of the application as **Attachment A**.
3. Complete the questions on p. A-3 in their entirety.

C. QUALITY ASSURANCE

1. On page A-4, provide a description of the agency's procedures in regards to ensuring quality service, supervision, verification of time worked and services rendered, background checks, etc.
2. Complete the questions on page A-5 to A-6 in their entirety.
3. Include sample service documentation at the end of the application as **Attachment B**.

D. FINANCIAL MANAGEMENT

1. Complete all questions regarding the financial management of your agency on pages A-6 to A-8.
2. Attach at the end of the application, all the required documents listed on page A-7, as **Attachments C-J**.

E. ASSURANCE OF COMPLIANCE WITH TAX REQUIREMENTS

Complete the table on page A-9 of the application and sign at the bottom of the page. If necessary, insert additional information as requested directly behind page A-9.

F. INSURANCE COMPLIANCE

1. Complete the section on page A-10 in its entirety. **Please note the minimum insurance coverage that will be required for successful applicants.**

2. Attach copies of current insurance certificates at the end of the application as **Attachment K.**

G. ASSURANCE OF COMPLIANCE WITH SERVICE STANDARDS

Minimum service standards and service definitions have been established for each type of service. Compliance with the standards is mandatory and affirmed when signing the Assurance of Compliance with Service Standards form on page A-11 in the application.

H. ASSURANCE OF COMPLIANCE WITH CIVIL RIGHTS ACT & REHABILITATION ACT

The documents on page A-12 and A-13 include the statutory assurances that govern service activities for recipients of federal and state funding awards. Please read all information carefully and sign indicating acceptance of compliance.

I. SERVICE INFORMATION / BID PROPOSAL

On page A-14, mark all services and indicate unit rates for which your agency is bidding. There are maximum dollar amounts that will be paid for each service category. Should a bid submitted be higher than these established rates, the applicant will be notified that the rate is beyond the maximum allowable, and that the DAAA will not be able to purchase the service unless the rate is lowered. It is the option of the Service Provider to then resubmit the rate at a lower level, or be dropped from the provider pool for that particular service. Allowable reimbursements and definitions of units of service as stated in the service specific minimum service standards must be adhered to strictly. ***Therefore, in establishing unit rates, providers are advised to consider all potential costs that may be incurred during service provision.***

J. HOME & COMMUNITY-BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED SUBCONTRACTOR ENROLLMENT AGREEMENT

All agencies in the Project CHOICE / MI Choice provider pool must complete the form on page A-15 regardless of current or past participation in Medicaid. Read the instructions and complete the form accordingly.

K. HIPAA BUSINESS ASSOCIATE AGREEMENT

Agencies that receive reimbursement from the DAAA are required to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Specific requirements are described in the Business Associate Agreement on page A-16 that is to be reviewed and signed.

LICENSURE AND CERTIFICATION CHART

The following chart illustrates the requirements for the provision of each service under the Project CHOICE / MI Choice programs:

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
1. Homemaker Services	Agency	N/A	N/A	OSA Standard
2. Personal Care Services	Agency	N/A	N/A	OSA Standard
3. Respite Care Services	Adult Foster Care Home / Agency	MCL400.701ff N/A	N/A	OSA Standard
4. Adult Day Health	Agency	N/A	N/A	OSA Standard
5. Environmental Accessibility Adaptations	Agency / Contractors	MCL339.601 (1) MCL339.601.2401 (residential/builder) MCL339.601.2404 (3) (maint./alteration)		
6. Non-Medical Transportation	Centrally-Organized Transportation Company / Agency	Valid Michigan Driver's License	N/A	OSA Standard
7. Specialized Medical Equipment & Supplies	DME Equipment Providers, Pharmacies, etc.	N/A	N/A	N/A
8. Chore Services	Agency / Private Contractors	N/A	N/A	OSA Standard
9. Emergency Response Systems	Hospitals / PERS Agencies	N/A	N/A	N/A
10. Private Duty Nursing	Agencies / Licensed Individuals	MCL333.172	N/A	N/A
11. Counseling	Agency / Licensed Individuals	MCL333.172 (nursing) MCL333.181 (counseling) MCL333.182 (psychologist) MCL333.1723 (social work)		
12. Home Delivered Meals	Agency / Contractor	N/A	N/A	OSA Standard
13. Training	Agency / Individual	MCL133.178 (physical therapist) MCL133.183 (occupational therapist) MCL133.1723 (social worker)		

APPLICATION CHECKLIST

A “Checklist for Application Submission” is provided on the following page for use upon completion of your application. Please review the items to make sure you have complied with all requirements listed on the checklist, and that the application you are submitting is complete. **Documents should be labeled as indicated in the application, and fastened together in the order listed on the checklist.**

CHECKLIST FOR APPLICATION SUBMISSION

DOCUMENTS MUST BE SUBMITTED IN THE ORDER BELOW

(If an attachment is not applicable, insert a blank page labeled as the appropriate attachment and indicate that it is not applicable. Every proposal MUST contain all the attachments listed.)

REQUIRED DOCUMENTS	X	LABEL
APPLICATION		
A typed original and three copies (total of 4) of the completed Application		Pages A-1 through A-26
Application Cover Page		A-1
Agency Background		A-1 to A-3
Quality Assurance		A-4 to A-6
Financial Management		A-6 to A-8
Assurance of Compliance with Tax Requirements (with additional info, if necessary)		A-9
Insurance Compliance		A-10
Assurance of Compliance with Service Standards		A-11
Assurance of Compliance with Civil Rights Act		A-12
Assurance of Compliance with the Rehabilitation Act		A-13
Service Information / Bid Proposal		A-14
Waiver Subcontractor Enrollment Agreement		A-15
Business Associate Agreement Addendum (Include with original only)		A-16 to A-27
ATTACHMENTS (Include only Attachments A & B with copies)		
Agency organizational chart (include with original & copies)		Attachment A
Sample service documentation forms (include with original & copies)		Attachment B
Details of previous audit findings and resolution		Attachment C
Certified audit (or specified financial statements if no certified audit)		Attachment D
Copy of IRS Form 941 with proof of payment		Attachment E
Copy of current IRS Form 990 / 1120		Attachment F
Copy of the Articles of Incorporation		Attachment G
Copy of 501 c(3) notification letter		Attachment H
Copy of most recent Annual Report		Attachment I
IRS determination for independent contractors		Attachment J
Copy of cover page from applicable insurances, indicating coverage amts.		Attachment K
FINAL REVIEW PRIOR TO SUBMISSION		
Submitted bid(s) are for published service categories as indicated in the RFB?		
Application has been reviewed for technical accuracy?		
All application questions have been answered?		
Required signatures on all documents?		
Attachments A-K are included? <i>(If an attachment is not applicable, insert a blank page labeled as the appropriate attachment and indicate that it is not applicable.)</i>		
Proposal assembled in the order outlined above?		