

Council for Older Adults
SENIOR CHOICES

Purchase of Services
Conditions of Participation

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Condition 1. Agency Structure

The Provider must be a formally organized business or service agency that is operating in the community *for at least one year* from the point of application.

Condition 2. Physical Facility

The Provider must have a physical facility from which to conduct business.

Condition 3. Administrative Policies

The Provider must have written procedures supporting the operation of business and service.

Condition 4. Personnel Policies

The Provider must have written personnel policies that support lawful personnel practices.

Condition 5. Service Delivery The Provider must deliver services in compliance with service specification(s) and in accordance with the plan designed and authorized by the Council for Older Adults Board of Trustees.

Condition 6. Compliance

The Provider must comply with all contract requirements, Conditions of Participation, relevant service specification(s), monitoring and reporting requirements established by the Council for Older Adults and permit representatives of the Council for Older Adults full access to the facility and necessary documentation during a pre-certification on site review to insure compliance.

Condition 7. Billing

The Provider shall submit billings on a monthly basis. The Provider ' s request for payment is due no later than the 10th of the month, following the provision of services.

Condition 8. Computer Requirements

The Provider must have adequate computer hardware and software to be able to access the "Q Case Management System."

Condition 9. Printer Requirements

To ensure compatibility with printing from remote connections to Q at the Council for Older Adults the Provider must have a printer which meets certain criteria.

PLEASE NOTE: *It is recognized that these general conditions may, in some circumstances, not be appropriate for all service settings. Specific conditions may also not be feasible in certain situations for certain providers. The Council may waive specific conditions, where it is demonstrated that the condition is not appropriate, or where strict enforcement of all conditions would so limit the availability of service that a hardship for clients would be created.*

CONDITION 1. AGENCY STRUCTURE

The Provider must be a formally organized business or service agency that is operating in the community at *least one year prior to the point of application with preference given to agencies with experience in community based case management system of care.*

Required Elements:

- 1.1 The Provider must provide disclosure of ownership and have a written statement defining the purpose of their business or service agency (to be provided upon application).
- 1.2 The Provider must have bylaws or articles of incorporation *dated at least one year prior to the date of the application.*
- 1.3 The Provider must have a written table of organization that clearly identifies lines of administrative, advisory, contractual and supervisory authority and responsibility to the direct care level.
- 1.4 The Provider must not operate the business in violation of any applicable Federal, State or Local laws which must be demonstrated via the provision of a certificate of Good Standing issued from the Secretary of State.
 - 1.4.1 The provider must have a written statement supporting compliance with non-discrimination laws, federal wage & hour laws & Workman ' s Compensation laws in the recruitment and employment of individuals. (Not applicable to self employed)
 - 1.4.2 The provider must have a written statement supporting compliance with non-discrimination laws in service delivery in accordance with the Americans with Disabilities Act.
 - 1.4.3 The Provider must have a written statement supporting compliance with Health Insurance Portability and Accountability Act (HIPAA), if considered a Covered Entity.
 - 1.4.4 The Provider must provide Request for Taxpayer Identification Number and Certification (IRS Form W9).

CONDITION 2. PHYSICAL FACILITY

The Provider must have a physical facility from which to conduct business.

Required Elements:

- 2.1 The Provider must have a telephone and a fax machine to receive referrals for service, and an employee available to take telephone referrals between 9:00 a.m. and 4:00 p.m., Monday thru Friday.

- 2.2 The Provider must designate and utilize a locked storage space for the maintenance of all client records for a minimum of four years.

CONDITION 3. ADMINISTRATIVE POLICIES

The Provider must have written procedures supporting the operation of business and service.

Required Elements:

- 3.1 The Provider must have a system to document services delivered and billed.
- 3.2 The Provider must have documentation of liability coverage for client loss due to theft, property damage and personal injury to be submitted with application.
 - 3.2.1 The minimum acceptable coverage is \$25,000.00 **per category.**
 - 3.2.2 The Provider agrees to add the Council for Older Adults as an additional insured to all liability insurance coverage of the grantee and to provide proof of coverage
 - 3.2.3 The Provider must have a written procedure which identifies the steps a client must take to file a liability claim.
- 3.3 The Provider must have a written procedure for reporting and documenting all incidents which affect a client's physical or emotional well being.
- 3.4 The Provider must notify the **SENIOR CHOICES** Care Consultant within 24 hours of any adverse incidents and document the notification on an Agency 's or **SENIOR CHOICES** Incident Report Form.
- 3.5 The Provider must maintain a file for each client. Each file must include the following Referral Information:
 - 3.5.1 Client name, address and telephone number
 - 3.5.2 Client date of birth and sex
 - 3.5.3 Contact person's name/telephone number
 - 3.5.4 Name/phone number of **SENIOR CHOICES** Care Consultant - to remain current
 - 3.5.5 Functional limitations of client relevant to service(s) authorized
- 3.6 The Provider must maintain signed and dated documentation of each client contact and each contact within the client record or on a designated log, which is to be stored in locked cabinet or drawer.
- 3.7 The Provider must obtain written approval from the client to release client specific information to sources outside the **SENIOR CHOICES** Care System and have a written policy regarding confidentiality.
- 3.8 The Provider must retain all records supporting **SENIOR CHOICES** service delivery until an initiated audit is completed up to four years after initiating service provision.
- 3.9 The Provider shall inform clients that they have a right to file a grievance and the Provider shall have written grievance procedures for the purpose of resolving

complaints. The Provider shall give the client the name and phone number of the Provider's contact person who is responsible for addressing grievances and shall inform them that they also have a right to voice their complaint to their **SENIOR CHOICES** Care Consultant.

3.9.1 The Provider will make every effort to resolve each complaint through their established policy.

3.9.2 The Provider will notify the Care Consultant of unresolved complaints and multiple complaints of the same nature and/or involving the same client.

CONDITION 4. PERSONNEL POLICIES

The Provider must have written personnel policies that support personnel practices.

Required Elements:

4.1 The Provider must have written job descriptions or statements of job responsibilities which include qualifications (as applicable to service) for each position category involved in the direct delivery of **SENIOR CHOICES** contracted services.

4.2 The Provider must have a written policy to conduct and document performance appraisals for all individuals involved in the direct delivery of services.

4.3 The Provider must have documentation signed and dated by the staff member which indicates completion of an orientation prior to providing service to a **SENIOR CHOICES** contracted client which includes:

4.3.1 The Provider's purpose, policies and procedures; including, but not limited to:

- a. employee position description/expectations
- b. agency personnel policies
- c. reporting procedures and policies
- d. agency table of organization, which includes lines of communication
- e. **SENIOR CHOICES** Ethical Behaviors
- f. **SENIOR CHOICES** Policies and Procedures

4.4 The Provider must have a written policy to assure that all client information remains confidential.

4.5 The Provider must have a written procedure defining the process by which a staff member can register a complaint or grievance.

4.6 The Provider must maintain a personnel file on every staff member (including volunteers and contract workers when applicable), who provide direct **SENIOR CHOICES** contracted service or supervise those who provide direct service. These personnel files will be reviewed during the pre-certification site visit prior to providing services to our clients. Each file should include:

4.6.1 A resume or application for employment that includes a work history.

- 4.6.2 Documentation of employee applicant's signed consent for verification of previous employment, training OR experience.
- 4.6.3 Documentation of Provider attempts to confirm employee previous employment, experience and training.
- 4.6.4 Written verification of licensure/verification and BMV license, if applicable.
- 4.6.5 A copy of the performance appraisals signed by the staff member.
- 4.6.6 Bureau of Criminal Identification and Investigations to be completed on all employees (including volunteers and contract workers who provide direct service or supervision of direct service staff) ***prior to*** providing **SENIOR CHOICES** services.

CONDITION 5. SERVICE DELIVERY

The Provider must deliver services in compliance with service specification(s) and in accordance with the plan designed and authorized by the Council for Older Adults.

Required Elements:

- 5.1 The Provider must acknowledge acceptance of client referral for consideration of service within (2) two working days, of the **SENIOR CHOICES** request.
- 5.2 The Provider must initiate services based on verbal or electronic service orders. All verbal requests will be confirmed in writing by the **SENIOR CHOICES** Care Consultants.
- 5.3 The Provider must inform the **SENIOR CHOICES** Care Consultant by e-mail through Q, phone or fax, of actual start of service date, which is not more than 5 working days of accepting the referral, unless otherwise requested by the **SENIOR CHOICES** Care Consultant.
- 5.4 The Provider must not increase or decrease units of client service or change the start of service or a schedule without prior approval of the **SENIOR CHOICES** Care Consultant.
- 5.5 The Provider must also immediately notify the **SENIOR CHOICES** Care Consultant of the following:
 - 5.5.1 Changes in Client Status (health, mental health, or death)
 - 5.5.2 Changes in Client Location (new address)
 - 5.5.3 Client Admission to an Institution (Nursing home, hospital, rehabilitation center, etc.)
- 5.6 The Provider must make all reasonable efforts to deliver services as authorized.
 - 5.6.1 In the event of a staff member absence, the Provider must make every effort to furnish a substitute to deliver the services as authorized by the **SENIOR CHOICES** Care Consultant.
 - 5.6.2 In the event services cannot be delivered as authorized, notify the Care Consultant of the following information:
 - a. Client Name
 - b. Reason service cannot be delivered
 - c. If subsequent service orders will be affected.

- 5.6.3 In situations of potential client and/or Provider staff jeopardy, the Provider must participate in **SENIOR CHOICES** Provider problem resolution to promote continuing service delivery.
- 5.6.4 The Provider will make reasonable efforts to give the Care Consultant notice of planned termination 10 business days prior to terminating services.

CONDITION 6. COMPLIANCE

The Provider must comply with all contract requirements, Conditions of Participation, relevant service specification(s) and monitoring and reporting requirements of the Council for Older Adults.

Required Elements:

- 6.1 The Provider must furnish documentation demonstrating that all requirements outlined in the applicable service specification(s) have been met when delivered either directly or by subcontract.
- 6.2 The Provider must allow representatives of the Council for Older Adults access to the Provider facility and full access to policies, procedures, records and other documents related to provision of service to contracted clients, at least on an annual basis.
- 6.3 The Provider recognizes that the Council for Older Adults may take any action, including but not limited to termination of any agreement, impose sanctions or suspend referrals, if it is determined by the Council for Older Adults or their representatives that the Provider is not in compliance with any of these Conditions of Participation or relevant Service Specifications.
- 6.4 The Provider must not bill any **SENIOR CHOICES** client for service(s) delivered through the **SENIOR CHOICES** Program OR solicit a donation from any client.

CONDITION 7. BILLING

The Provider must submit billing to the Council for Older Adults on a monthly basis through Q. The Provider's electronic request for payment is due no later than the 10th of the month following service provision. If approved to submit paper bills, they are to be received by the 10th of the month.

Required Elements:

- 7.1 The Provider must bill on a monthly basis for only those units authorized and delivered which have dated documentation (signed by the client*) for each unit of service delivered. Payment will not be made for units delivered in excess of units authorized unless the Care Consultant has approved the provision of additional units. If the number of units billed is less than the monthly authorized units, no accumulation of undelivered units to the forthcoming month's authorized amount is permitted. **SENIOR CHOICES** is not liable to pay costs arising from changes, modifications or extra work orders not previously authorized by the Care Consultant, except during documented emergency situations.

NOTE: In the event that a client is physically or mentally unable to sign the documentation of service delivery, a Power of Attorney, family member or other individual authorized by the client, may sign in the client 's behalf.

- 7.2 The Provider must bill for actual units of service delivered rounded-off to the nearest quarter (1/4) unit (for one hour units). Direct service worker's (DSW) time spent for travel, breaks, meal breaks or administrative activities shall not be billed to **SENIOR CHOICES**.
- 7.3 The Provider must not bill extra for services provided on holidays; this cost should be calculated into the Provider's unit cost.
- 7.4 The Provider may bill for actual time direct service workers spend in client care conferences as authorized or requested by the Care Consultant. Instead of obtaining the client's signature on the receipt of service form, the DSW shall obtain the Care Consultant's verbal approval prior to meeting and the Social Work Supervisor's signature at the time of the conference. The signed authorization may be submitted at the time of billing.
- 7.5 The Council for Older Adults shall have the right to refuse payment to the Provider when requests for payment are not received within 45 days of the end of the month during which the services were delivered. Extenuating circumstances which will cause a delay in billing should be promptly discussed with the Council for Older Adults ' Accounting Coordinator.
- 7.6 The Provider must identify and bill all other sources of payment including third party (payment) payers such as Medicare, PASSPORT and private insurance and discuss these with **SENIOR CHOICES** Care Consultants, billing **SENIOR CHOICES** as the funder of last resort.
- 7.7 The Provider must only bill one payment source for a provided unit of service.
- 7.8 A contracted client or Care Consultant may cancel a service unit without incurring a charge by contacting the Provider before 9:00 a.m. on the scheduled day of delivery. If the Provider is notified that a service unit is to be canceled after 9:00 a.m., or if the service is scheduled prior to 9:00a.m., on the schedule day of delivery, the Provider may bill the Council for Older Adults for a maximum of one-half (1/2) unit of service regardless of the number of units ordered, including Adult Day Care Providers.
 - 7.8.1 The Provider must document in the client record the person who notified the Provider of the cancellation, the time the Provider was notified, and the reason for the cancellation.
 - 7.8.2 All Providers must notify the Care Consultant after each unexplained absence or inability to provide service.
- 7.9 If during the scheduled service visit the Provider's direct service worker finds the client not at home or the client will not accept the service, the Provider may bill for a maximum of 1/2 unit of service. (An exception is an Adult Day Care Transportation Provider may bill for one unit of transportation, if the transportation Provider attempted to pick up the client). The Provider shall document in the client 's record what attempts were made to provide the service.
 - 7.9.1 All providers must notify the Care Consultant when such an event occurs.

CONDITION 8. COMPUTER REQUIREMENTS

The Provider must have adequate computer hardware and software to be able to access the “Q Case Management System.” Approval must be sought and given in writing by the Council for Older Adults for a waiver of this requirement.

Required Elements

- 8.1 The Provider must have computer equipment that meets or exceeds the following requirements:
 - 8.1.1 Desktop or laptop computer with Windows XP, Vista or Windows 7.
 - 8.1.2 Broadband (T1, cable or DSL) Internet connectivity with TCP port 3389 open to the internet.
- 8.2 The Provider will need to contact the Council for Older Adults to receive information necessary to access the “Q Case Management System.”
- 8.3 Every user of the Q Case Management System must have an unique user name and password. The sharing of user names and passwords is prohibited by HIPAA Security Requirements.
- 8.4 The Provider must participate in any required training to assure proper utilization and understanding of the system. The Provider is responsible for training their new users, with telephone support provided by the Council for Older Adults.
- 8.5 The Q Case Management System will be used to respond to request for services, notification of client’s services and communication via e-mail. Therefore, it is vital that the Q Case Management System be checked for these items a minimum of 2 times per day (at least once in the morning and once in the afternoon).
- 8.6 The provider agency shall notify the Council for Older Adults immediately if they are unable to access the Q Case Management System for any reason. This will enable the Council for Older Adults to identify and respond to problems efficiently and effectively.
- 8.7 The Computer Requirements may be updated if deemed necessary by the Council for Older Adults. The Provider is required to comply with computer related policies.

Condition 9. PRINTER REQUIREMENTS

To insure compatibility with printing from remote connections to Q at the Council for Older Adults, the Provider must have a printer which meets certain criteria.

- 9.1 All printers used by the Provider must be either
 - 9.1.1 A printer supported natively by Windows 2003 server
 - 9.1.2 A printer connected via parallel printer connection
 - 9.1.3 A networked printer addressed by IP address on your network
 - 9.1.4 USB printers may or may not be able to be supported, and if not, reports will require being printed in PDF format and saved on the user's local PC
 - 9.1.5 Deskjet printers are not supported due to the need to install large, server-based software components on the terminal server
- 9.2 All Providers are to notify the Council for Older Adults once an appropriate printer has been installed, in order to access the printing capabilities.

* Exceptions may be made with prior approval by the Council for Older Adults

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