

**The Information Center, Inc., Waiver Contract  
Required Documentation Checklist**

**In order to contract with The Information Center, the following documentation must be submitted with the signed contract:**

- A Copy of State License
- A Copy of Annual Audit Report/Financial Statement

**Policies and Procedures**

- Participant confidentiality
- Participant appeals/grievance procedure
- Participant feedback and evaluation survey
- Participant rights and responsibilities
- Policy for identifying & preventing participant neglect, abuse, and/or exploitation
- Back-up procedure for No-Shows
- Emergencies in participant's home/residential setting
- Notification of Care Managers in the event of change in participant condition, death, hospitalization, participant not at home, upcoming appointments, or unable to staff per service authorization
- Policy for dispensing prescription and non-prescription drugs
- Procedure for documenting hours of service for bill purposes
- Verification process that hours of service are actually being provided
- Accounting policy and procedures

**Provider Documentation**

- Copy of "Home Journal" or "Service log" that contains:
  - Date of service
  - Start and stop times
  - Written summary of services and tasks performed
  - Summary of participant's health status or changes
  - Signature of employee providing the service
- Orientation curriculum for new hires
- Annual In-Service Training Plan (minimum 2 sessions/year)
- Attached Verification of Standards Form, signed by owner

**Current Proofs of Insurance** (Must be supplied annually; The Information Center must be named as an "Additional Insured"; Coverage must be in an amount sufficient to reimburse MDCH or TIC for fair market value of asset at time of loss; Insurance must cover all buildings, equipment, supplies and any property purchased in whole or part with MDCH funds.)

- Worker's Compensation (or a letter from the State of Michigan confirming it is not required)
- Unemployment
- General Liability & Hazard
- Property/Facility/Theft Coverage
- Malpractice Liability
- Professional Liability
- Fidelity Bonding (for persons handling cash)
- No-Fault Vehicle Insurance (for company-owned vehicles or any vehicle used to transport patients)
- Umbrella Liability

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
E-Mail Address

## Verification of Standards

- Reference checks for employees are conducted prior to employee providing patient services
- State of Michigan criminal background checks are conducted for all employees and volunteers
- Company has been in business for a minimum of three (3) years
- TB test results are contained in employee files
- Certification/licensing/registration for professional employees are in employee files
- Copy of driver's license and automobile insurance is in employee files, if applicable
- Copy of CPR certification is in employee files
- Documentation of training attendance for individual employee is maintained in employee file
- Staff wears picture identification when in participant homes
- In-home evaluation of staff is conducted at least 2 times/year
- Supervisory records of in-home evaluation contain:
  - Name & Title of Supervisor
  - Staff person being supervised
  - Date of Supervision visit
  - Location of Supervision visit
- LPN's are supervised by RN's
- Supervisor reviews Service Authorization form with personal care aides prior to initial home visit
- Abides by TIC's Waiver Program Client Emergency Priority Classification System (See Attached)
- A fire and safety evacuation plan is in place and is reviewed regularly
- Client records are kept secured
- Client records are maintained for a minimum of 6 years
- Client confidentiality is protected in accordance with Health Insurance Portability & Accountability Act
- Company is in compliance with: Rehabilitation Act of 1973, Title VI of Civil Rights Act of 1964, Michigan Handicappers Civil Rights Act of 1976, Elliot-Larsen Civil Rights Act of 1976, Family & Medical Leave Act of 1992, Americans with Disabilities Act of 1990, Drug Free Workplace Act of 1988, all applicable OSHA regulations
- Waiver Client records contain:
  - Assessment/Reassessment
  - Service Authorization forms
  - Service Plan adjustments
  - Progress Notes
  - Release of Information (if applicable)
  - Accident Reports (if applicable)
  - Termination Record (if applicable)
- Have read and comply with the minimum standards for each of the services for which service may be purchased by the OHCDs from the Provider Agency. Comply with all service standards and definitions, policies and procedures, as established by the Department of Community Health and/or the OHCDs.

**NOTE: Proof of documentation will be required upon program audit.**

**In signing this document, I hereby affirm that the agency/business that I represent adheres to and complies with all of the standards/requirements noted above.**

Name	Company Name
Title	Signature
Date	