

Provider Qualifications for MI Health Link HCBS Waiver and Supplemental Services

Compliance Attestation

Molina Healthcare's commitment to compliance includes ensuring our contracted provider partners under our MMP Plan and who are providing Waiver services to our members comply with the Center for Medicare and Medicaid Services (CMS) and Michigan Department of Health and Human Services (MDHHS) guidelines outlined in the Minimum Operating Standards for MI Health Link Program and MI Health Link HCBS Waiver for the services provided on our behalf.

As part of Molina Healthcare's oversight of our provider partners, we require completion of this attestation to validate our provider partners have met the CMS and MDHHS requirements. The attestation is requested to be completed within 90 days of contracting and annually thereafter by the Chief Executive Officer, Chief Operating Officer or Compliance Officer. Molina Healthcare holds the right to audit providers at any time and request documentation that proves that providers meet the outlined requirements.

Please indicate the Waiver/Supplemental Services that your organization provides:

<input type="checkbox"/>	Adaptive Equipment	<input type="checkbox"/>	Home Delivered Meals
<input type="checkbox"/>	Adult Day Program	<input type="checkbox"/>	Non-Medical Transportation
<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	Personal Care Services
<input type="checkbox"/>	Chore Services	<input type="checkbox"/>	Personal Emergency Response System (PERS)
<input type="checkbox"/>	Community Transition Services	<input type="checkbox"/>	Preventive Nursing Services
<input type="checkbox"/>	Environmental Modifications	<input type="checkbox"/>	Private Duty Nursing
<input type="checkbox"/>	Expanded Community Living Supports (ECLS)	<input type="checkbox"/>	Respite
<input type="checkbox"/>	Fiscal Intermediary		

I attest our organization is in compliance with the following:

- 1- Provider Qualification Requirements as described in the Minimum Operating Standards for MI Health Link Program, MI Health Link HCBS Waiver and Appendix A.
- 2- Completion of required trainings and maintaining a record of completion (e.g. training logs, certificates of completion, system generated reports, spreadsheets). Documentation must include at least the employee names, date of employment, dates of completion and passing scores if captured, as described in Appendix B.
- 3- Criminal Background Checks for employees and subcontractors, as described in Appendix C.
- 4- Monthly Federal exclusion list screening and maintaining record of timely checks against those lists (i.e. OIG and SAMS lists).
- 5- Internal and downstream entity monitoring and auditing.

Name

Organization Name (as it appears on your W9)

TIN

Signature

Date

Appendix A: Provider Qualifications for MI Health Link HCBS Waiver and Four Supplemental Services

Service Name	Provider Qualifications
Adaptive Medical Equipment and Supplies	<p>Agency: Enrolled Medicaid and Medicare DMEPOS Provider</p> <p>License: N/A Certification: N/A Other: Each direct service provider must enroll in Medicare and Medicaid as a Durable Medical Equipment/POS provider, pharmacy, etc., as appropriate.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
	<p>Agency: Retail Store</p> <p>License: N/A Certificate: N/A Other: Items purchased from retail stores must meet the Adaptive Medical Equipment and Supplies service definition. ICOs must be prudent with their purchases and may have a business account with the retail store.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
Adult Day Program	<p>Adult Day Program Agency:</p> <p>License: N/A Certificate: N/A Other:</p> <ol style="list-style-type: none"> 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

	<p>maintain records that identify the dates of training, topics covered, and persons attending.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>4. Each provider shall have first-aid supplies available at the program site. The provider shall make a staff person knowledgeable in first-aid procedures, including CPR, present at all times when enrollees are at the program site.</p> <p>5. Each provider shall post procedures to follow in emergencies (fire, severe weather, etc.) in each room of the program site. Providers shall conduct practice drills of emergency procedures once every six months. The program shall maintain a record of all practice drills.</p> <p>6. Each day program center shall have the following furnishings:</p> <ul style="list-style-type: none"> a. At least one straight back or sturdy folding chair for each enrollee and staff person. b. Lounge chairs or day beds as needed for naps and rest periods. c. Storage space for enrollees' personal belongings. d. Tables for both ambulatory and non-ambulatory enrollees. e. A telephone accessible to all enrollees. f. Special equipment as needed to assist persons with disabilities. The provider shall maintain all equipment and furnishings used during program activities or by program enrollees in safe and functional condition. <p>7. Each day program center shall document that it is in compliance with:</p> <ul style="list-style-type: none"> a. Barrier-free design specification of State of Michigan and local building codes. b. Fire safety standards. c. Applicable State of Michigan and local public health codes. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter</p>
Assistive Technology	<p>Agency: Enrolled Medicaid and Medicare DMEPOS Provider</p> <p>License: N/A Certificate: N/A Other:</p> <p>Each direct service provider must enroll in Medicare and Medicaid as a DMEPOS provider, pharmacy, etc., as appropriate.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>

	<p>Agency: Retail Stores</p> <p>License: N/A Certificate: N/A Other: Items purchased from retail stores must meet the Assistive Technology service definition. ICOs must be prudent with their purchases and may have a business account with the retail store.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p> <hr/> <p>Agency: Other Contracted or Subcontracted Provider</p> <p>License: N/A Certificate: N/A Other: The contracted/subcontracted providers must have written policies and procedures compatible with requirements as specified in the contract between MDCH and the ICOs. Contracted/subcontracted providers must have any appropriate state licensure or certification required to complete or provide the service or item.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
Chore Services	<p>Agency: Contracted or subcontracted provider other than individuals</p> <p>License: N/A Certificate: N/A Other:</p> <ol style="list-style-type: none"> 1. Only properly licensed suppliers may provide pest control services. Contracted/subcontracted providers must have any appropriate state licensure or certification required to complete or provide the service or item. 2. Each ICO must develop working relationships with the Home Repair and Weatherization service providers, as available, in their program area to ensure effective coordination of efforts. 3. Ability to communicate effectively both verbally and in writing as well as to follow instructions. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p> <hr/> <p>Individuals chosen by the enrollee who meet qualification standards</p> <p>License: N/A Certificate: N/A Other:</p> <ol style="list-style-type: none"> 1. Providers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be able to prevent transmission of communicable disease (as applicable for job duties), and be in good standing with the law as validated by a criminal history review conducted by the ICO. 2. Previous relevant experience and training to meet MDCH operating standards. 3. Must be deemed capable of performing the required tasks by the ICO. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>

Community Transition Services	<p>Agency: Retail Stores</p> <p>License: N/A Certificate: N/A Other:</p> <p>Items purchased from retail stores must meet the Community Transition Services definition. ICOs must be prudent with their purchases and may have a business account with the retail store.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
	<p>Agency: Contracted or Subcontracted Provider Other than Retail Store</p> <p>License: N/A Certificate: N/A Other:</p> <p>The contracted providers must have written policies and procedures compatible with requirements as specified in the contract between MDCH and the ICOs. Contracted/subcontracted providers must have any appropriate state licensure or certification required to complete or provide the service or item.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
Environmental Modifications	<p>Individual: Contracted Provider, Licensed Building Contractors</p> <p>License: MCL 339.601(1), MCL 339.601.2401, MCL 339.601.2403(3) Certificate: N/A Other:</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to execution of contract.</p>
Expanded Community Living Supports (ECLS)	<p>Individuals chosen by the enrollee who meet the qualification standards</p> <p>License: N/A Certificate: N/A Other:</p> <ol style="list-style-type: none"> 1. Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid and cardiopulmonary resuscitation, be able to prevent transmission of communicable disease and be in good standing with the law as validated by a criminal history review. If providing transportation incidental to this service, the provider must possess a valid Michigan driver's license. 2. Individuals providing Expanded Community Living Supports must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, recording information, and reporting and identifying abuse and neglect. The individual(s) must also be trained in the enrollee's IICSP. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures are highly desirable. 3. Previous relevant experience and training to meet MDCH operating standards. Refer to the ICO contract for more details. 4. Must be deemed capable of performing the required tasks by ICO. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p> <p>Agency: Home Care Agency</p>

	<p>License: N/A Certification: N/A Other:</p> <ol style="list-style-type: none"> 1. Providers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid, be trained in universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review. 2. A registered nurse licensed to practice nursing in the State shall furnish supervision of Expanded Community Living Support providers. At the State's discretion, other qualified individuals may supervise Expanded Community Living Supports providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing Expanded Community Living Support services. 3. The ICO and/or provider agency must train each worker to properly perform each task required for each enrollee the worker serves before delivering the service to that enrollee. The supervisor must assure that each worker can competently and confidently perform every task assigned for each enrollee served. MDCH strongly recommends each worker delivering Expanded Community Living Support services complete a certified nursing assistance training course. 4. Expanded Community Living Support providers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each enrollee who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required. 5. Individuals providing Expanded Community Living Support services must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
Fiscal Intermediary (FI)	<p>Agency</p> <p>License: N/A Certificate: N/A Other:</p> <ol style="list-style-type: none"> 1. Provider must be bonded and insured. 2. Insured for an amount that meets or exceeds the total budgetary amount the fiscal intermediary is responsible for administering. Demonstrated ability to manage budgets and perform all functions of the Fiscal Intermediary including all activities related to employment taxation, worker's compensation and state, local and federal regulations. Fiscal Intermediary services must be performed by entities with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary. Neither providers of other covered services to the enrollee, the family or guardians of the enrollee may provide fiscal intermediary services to the enrollee. Fiscal Intermediary service providers

	<p>must pass a readiness review and meet all criteria sanctioned by the state.</p> <p>Fiscal intermediaries will comply with all requirements.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
Home Delivered Meals	<p>Agency: Home Delivered Meals Provider</p> <p>License: Health Code Standards (PA 368 of 1978) Certification: N/A Other:</p> <ol style="list-style-type: none"> 1. Each home delivered meals provider shall have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Each provider shall have meals available at least five days per week. 2. Each provider shall develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan. 3. Each provider shall carry product liability insurance sufficient to cover its operation. 4. The provider shall deliver food at safe temperatures as defined in Home Delivered Meals service standards. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
Non-medical transportation	<p>Agency: Contracted Provider</p> <p>License: Valid Michigan Driver’s License Other:</p> <ol style="list-style-type: none"> 1. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported by MI Health Link waiver funds. The provider must cover all vehicles used with liability insurance. 2. All paid drivers for transportation providers supported entirely or in part by waiver funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy. 3. The provider shall train all paid drivers for transportation programs supported entirely or in part by waiver funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy. 4. Each provider shall comply with Public Act 1 of 1985 regarding seat belt usage. <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p> <p>Individual Provider</p> <p>License: Valid Michigan Driver’s License Other:</p>

	<p>1. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported by MI Health Link waiver funds. The participant or vehicle owner must cover all vehicles used with automobile insurance.</p> <p>2. All paid drivers for transportation providers supported entirely or in part by waiver funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.</p> <p>3. Each provider shall operate in compliance with Public Act 1 of 1985 regarding seat belt usage.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
<p>Personal Emergency Response System</p>	<p>Agency: Personal Emergency Response System Provider</p> <p>License: N/A Other:</p> <p>1. The Federal Communication Commission must approve the equipment used for the response system. The equipment must meet UL® safety standards 1637 specifications for Home Health Signaling Equipment.</p> <p>2. The provider must staff the response center with trained personnel 24 hours per day, 365 days per year. The response center will provide accommodations for persons with limited English proficiency.</p> <p>3. The response center must maintain the monitoring capacity to respond to all incoming emergency signals.</p> <p>4. The response center must have the ability to accept multiple signals simultaneously. The response center must not disconnect calls for a return call or put in a first call, first serve basis.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually</p>
<p>Preventive Nursing Services</p>	<p>Agency: Home Care Agency</p> <p>License: Nursing MCL 333.17201-17242 Other:</p> <p>1. All nurses providing nursing services to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. Each direct service provider must have written policies and procedures compatible with the operating standards document(s) which will be provided to ICOs.</p> <p>3. This service may include medication administration as defined under the referenced statutes.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p> <p>Individual: Licensed Practical Nurse or Registered Nurse</p> <p>License: Nursing MCL 333.17201 ... 333.17242 Other:</p> <p>1. All nurses providing Preventive Nursing Services to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. This service may include medication administration as defined under the referenced statutes.</p>

	<p>3. It is the responsibility of the LPN to secure the services of an RN to supervise his or her work.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
Private Duty Nursing	<p>Agency: private duty nursing agency, home care agency</p> <p>License: Nursing MCL 333.17201 ... 333.17242 Certificate: N/A Other:</p> <p>1. All nurses providing private duty nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. This service may include medication administration as defined under the referenced statutes.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p> <p>Individual: Private Duty Nurse (Licensed Practical Nurse or Registered Nurse)</p> <p>License: Nursing MCL 333.17201 ... 333.17242 Certificate: N/A Other:</p> <p>1. All nurses providing Private Duty Nursing to enrollees must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.</p> <p>2. This service may include medication administration as defined under the referenced statutes.</p> <p>3. It is the responsibility of the LPN to secure the services of an RN to supervise his or her work.</p> <p>Entity Responsible for Verification: ICO Frequency of Verification: Prior to delivery of services and annually thereafter.</p>
Respite	<p>Agency: Home Care Agency</p> <p>When providing care in the home of the enrollee:</p> <p>1. When Chore Services or Expanded Community Living Supports are provided as a form of respite care, these services must also meet the requirements of the respective service category.</p> <p>2. Each direct service provider shall establish written procedures that govern the assistance given by staff to enrollees with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:</p> <ul style="list-style-type: none"> a. The provider staff authorized to assist enrollees with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the enrollee takes and its impact upon the enrollee. b. Verification of prescription medications and their dosages. c. Instructions for entering medication information in enrollee files. d. A clear statement of the enrollees and responsibilities of the enrollee's family member(s) regarding medications taken by the enrollee and the provision for informing the enrollee and the enrollee's family of the

	<p>provider's procedures and responsibilities regarding assisted self administration of medications.</p> <p>3. Each direct service provider shall employ a professionally qualified supervisor that is available to staff while staff provide respite.</p> <p>When providing respite in a licensed setting:</p> <p>License: Adult Foster Care: Act 218 of 1979; Homes for the Aged: MCL 333.21311; Nursing Home: MCL 333.21711</p> <p>Certificate: Nursing home beds must be dually certified by Medicare and Medicaid</p> <p>Other:</p> <p>1. Each out of home respite service provider must be either a Medicaid certified hospital or a licensed group home as defined in MCL 400.701 ff, which includes adult foster care homes and homes for the aged.</p> <p>2. Each direct service provider shall employ a professionally qualified program director that directly supervises program staff.</p> <p>3. Each direct service provider shall demonstrate a working relationship with a hospital or other health care facility for the provision of emergency health care services, as needed. With the assistance of the enrollee or enrollee's caregiver, the ICO or direct service provider shall determine an emergency notification plan for each enrollee, pursuant to each visit.</p> <p>Entity Responsible for Verification: ICO</p> <p>Frequency of Verification: Prior to delivery of service and annually thereafter.</p> <hr/> <p>Individual chosen by the enrollee who meets qualification standards</p> <p>1. When Chore Services or Expanded Community Living Supports services are provided as a form of respite care, these services must also meet the requirements of the respective service category.</p> <p>2. Family members who provide respite services must meet the same standards as providers who are unrelated to the enrollee.</p> <p>3. Providers must be at least 18 years of age, have the ability to communicate effectively both verbally and in writing, and be able to follow instructions.</p> <p>Entity Responsible for Verification: ICO</p> <p>Frequency of Verification: Prior to delivery of service and annually thereafter.</p>
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Appendix B: Training Requirements

1- Provider must have policies, procedures, and training materials that demonstrate Provider's staff and its Subcontractors are trained upon hire and annually thereafter in cultural competency . Provider must ensure all staff and Subcontractors deliver culturally competent services to Members. When written communications are required, Provider will consult with the Health Plan.

2- Provider must have policies, procedures, and training materials that demonstrate Provider and its Subcontractors and their individual respective staff members are trained annually in person-centered planning and provide services that are person-centered and recovery-oriented.

3- Provider's staff and its Subcontractors who have contact with Members will be adequately trained to handle critical incident and abuse reporting. Training includes, but is not limited to, ways to detect and report instances of abuse, neglect, and exploitation of Members by service providers and informal support persons.

4- As applicable to Provider, the training program for Providers, including Provider's respective staff and its subcontractors and their individual respective staff members, must include information detailing:

- I. Roles and responsibilities;
- II. Medical equipment and supplies;
- III. Care transitions;
- IV. Skilled nursing needs;
- V. Abuse and neglect reporting;
- VI. Member rights and responsibilities;
- VII. Various types of chronic conditions prevalent within the target population;
- VIII. Awareness of personal prejudices;
- IX. Legal obligations to comply with the ADA requirements;
- X. Definitions and concepts, such as communication access, medical equipment access, physical access, and access to programs;
- XI. Types of barriers encountered by the target population;
- XII. Training on the Person-Centered Planning Process and Self-Determination, the social model of disability, the Independent Living Philosophy, and the recovery model;
- XIII. Use of evidence-based practices and specific levels of quality outcomes;
- XIV. Working with Enrollees with mental health diagnoses, including crisis prevention and treatment.
- XV. Most integrated/least restrictive setting;
- XVI. Dementia and care giver issues;
- XVII. How to handle inquiries related to grievances and appeals;
- XVIII. Confidentiality guidelines;
- XIX. HIPAA compliance guidelines;
- XX. Training to providers that balance billing is prohibited.

Appendix C: Criminal Background Check Process

As a Molina provider servicing MMP members, you must conduct a background check for all caregivers and applicants to ensure compliance with 42 U.S. Code § 1320a-7 and MDHHS policy (MSA 14-31 and 14-40). If the background check identifies a permissive or mandatory exclusion for the provider or applicant, follow the below process:

- 1- **Family Caregivers** - If the caregiver with an exclusion is a family/friend chosen by the member, please notify the Molina Support Specialist assigned to your agency so that we may follow appropriate member notification procedure. Do not utilize the caregiver for any service provision unless you receive confirmation from the Molina Support Specialist to do so. Additionally, the applicant must be notified that the results of the screening will be shared with the applicant, pertinent program participants, and pertinent program staff.
- 2- **Agency Caregivers** - If the caregiver with a permissive exclusion is not a family caregiver chosen by the member, Molina asks that you refrain from using that caregiver when providing services to Molina members and only utilize caregivers without any exclusions.

For more information regarding exclusions please see below:

Mandatory Exclusions:

- Any criminal convictions related to the delivery of an item or service under Medicare (Title XVIII), Medicaid (Title XIX) or other state health care programs (e.g., Children's Special Health Care Services, Healthy Kids), (Title V, Title XX, and Title XXI)
- Any criminal convictions under federal or state law, relating to neglect or abuse of patients in connection with the delivery of a health care item or service
- Felony convictions **occurring after August 21, 1996**, relating to an offense, 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 included in number 1 above) operated by or financed in whole or in part by any federal, state, or local government agency, of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct
- Felony convictions **occurring after August 21, 1996**, under federal or state law, related to unlawful manufacture, distribution, prescription, or dispensing of a controlled substance

Permissive Exclusions:

- Conviction of crimes directly relatable to neglect, physical and sexual abuse, financial exploitation, inappropriate involuntary restraint, providing unqualified health care services and other crimes identified by MDCH. The list of specific crimes shall be the same as those defined for nursing facilities, county medical care facilities, hospices, and other long term service and support providers as set out and defined in the Public Health Code Act 368 of 1978, specifically Public Act 28 Sec. 20173a(1) (MCL333.20173a[1]). This list includes, but is not limited to crimes that:
 - Involve the intent to cause death or serious impairment of a body function;
 - Result in death or serious impairment of a body function;
 - Involve the use of force or violence;
 - Involve the threat of force or violence;
 - Involve cruelty or torture;
 - Involve criminal sexual conduct;
 - Involve abuse or neglect;
 - Involve the use of a firearm or a dangerous weapon;
 - Involve larceny, theft, or embezzlement;



- Involve a felony Driving Under The Influence (DUI);
- Involve an assault, battery, or the threat thereof;
- Involve a crime against a "vulnerable adult";
- Involve retail fraud; or
- State that the conviction is a felony reduced to a misdemeanor.