Policy and Process: The Provider Network and Subcontractors

APPLICABILITY:	All providers in the Greater Lynn Senior Services (GLSS) provider network
EXCEPTION(S):	None
PURPOSE:	To comply with Executive Office of Elder Affairs (EOEA.) contract requirements
POLICY:	Greater Lynn Senior Services (GLSS) participates in the operation and administration of a program of home care services to consumers under a contract with the Executive Office of Elder Affairs (EOEA.) The Home Care Program offers a variety of options for individuals to live independently at home. Those individuals that need assistance with activities of daily living may find that home and community based services available through our provider network can meet their needs. GLSS purchases services for consumers from qualified providers - **the GLSS provider network** - under the terms and conditions set forth in an agreement. As stated in the provider agreement, " None of the services to be provided by the Provider pursuant to this agreement shall be **subcontracted** to any other organization, association, individual, partnership or group of individuals without the prior written consent of the ASAP." GLSS is responsible for monitoring the provider network for legal, regulatory and contract compliance. Providers are responsible for ensuring their subcontractors are in compliance with the Homemaker/Personal Care/Non-Homemaker Services Provider Agreement requirements and, if applicable, the Business Associate Agreement which states "the provider will ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. The Business Associate agrees to develop and implement a system of sanctions for any employee, subcontractor, or agent who violates this agreement of the Privacy regulations." Pursuant to this agreement, providers are required to request approval from GLSS to enter into a subcontract with an individual or an organization. Some of the services that have been approved are as follows: Laundry, skilled trades, grocery shopping, transportation, PERS installation, payroll services, nutrition and food services, PT, OT and Speech Therapy.

	Prior to the award of a contract, all prospective providers must complete #21 of the Administrative Overview in its entirety. This information will be reviewed by the RFP Review Committee. The Committee will contact the provider with any questions or concerns. If the provider is awarded a contract, the current documented subcontractors have been approved. Any additions and/or changes to the original list of subcontractors must be approved in writing by GLSS. Providers may send a request for adding a subcontractor or changing an existing subcontractor by mail or email to the GLSS Manager of Provider Relations and Contracting. GLSS may request more information if needed to make a determination to approve or deny the request. The decision will be made within 25 days of receipt of the request by GLSS and the provider will receive the approval or denial by email from the Manager of Provider Relations. A template for approval of a new subcontractor or change to an existing subcontractor is attached to this policy.

Provider Authorized Signature Printed Name and Title Date

GLSS Greater Lynn Senior Services
8 Silsbee Street Lynn, MA 01901 781-599-0110
LYNN
LYNNFIELD
NAHANT
SAUGUS
SWAMPSCOTT

The Provider Agreement between Greater Lynn Senior Services
and_____states:

" None of the services to be provided by the Provider pursuant to this agreement shall be **subcontracted** to any other organization, association, individual, partnership or group of individuals without the prior written consent of the ASAP."

We are requesting approval to subcontract for the following service(s) or change an existing subcontractor in the provision of services for Greater Lynn Senior Services (GLSS) consumers:

-
-
-

We would like to subcontract for this/these services because_____
_____
_____

Request submitted by: _____
Date: _____

ASAP Approval: _____
Date: _____

ASAP Denial: _____
Date: _____
Reason for Denial: _____