

Connections Area Agency on Aging Non Waiver Provider Application Form FY2017

Agency Name: _____

Agency Address: _____

Phone: _____ Fax: _____

Referral Contact: _____ Phone: _____

E-Mail for Referral Contact: _____

Billing Contact: _____ Phone: _____

E-Mail for Billing Contact: _____

Instructions: *Application cannot be processed if the directions are not followed.*

Place an X in the Vendor Service column for every service(s) you provide. Enter the rate that you will bill for each service you want to provide. If your rate exceeds the Maximum Reimbursement Rate, the Application will not be approved. Attach a copy of your liability and workers compensation insurance to application. Mark the boxes on the back of the page that insurance is attached and sign the application. When the application is approved, it will be signed by Connection staff and a copy will be returned to you with a billing file via e-mail.

<u>Vendor Service</u>	<u>Services Available</u>	<u>Rate</u>	<u>Maximum Reimbursement Rate</u>
	Chore Services		\$16.50/ hour
	Personal Emergency Response – Initial Installation		\$50.52/initial installation fee
	Personal Emergency Response – Ongoing Monthly		\$39.29/ ongoing monthly fee
	Home Delivered Meals		\$8.10/per meal
	Homemaker		\$25.00/hour
	Home Repairs/Environmental Adaptations		Per individual bid
	Material Aide/Assistive Devices		Per individual bid
	Medication Management		\$101.00/ per session
	Mental Health Outreach		\$24.27/quarter hour
	Nutrition Counseling		\$33.66/ hour
	Protective Payee Service		\$20.80/hour
	Respite (in home)		\$18.37/hour
	Assisted Transportation		\$57.86 Long trip/one way \$21.61 Short Trip/one way
	Transportation		\$28.92 Long trip/one way \$10.80 Short Trip/one way

Geographic Boundaries of Service Area:

Please check: ☐ All counties

☐ Adams ☐ Adair ☐ Cass ☐ Cherokee ☐ Clarke ☐ Decatur ☐ Fremont ☐ Harrison ☐ Ida ☐ Mills ☐ Monona

☐ Montgomery ☐ Page ☐ Plymouth ☐ Pottawattamie ☐ Ringgold ☐ Shelby ☐ Taylor ☐ Union ☐ Woodbury

Please check: ☐ Non Profit

☐ For Profit

☐ **I have attached a copy of my insurance Certificate of Liability.**

☐ **I have attached a copy of my verification of Workman's Compensation Insurance.**

☐ **I have attached a copy of my W-9.**

Certification

I certify that I have read and agree to the Connections Area Agency on Aging Non Waiver Program Operational Guidelines. I also certify that the above information is current and accurate.

Provider: Signature of Authorizing Official; Title

Date

Connections AAA: Signature of Authorizing Official; Title

Date