

Accreditation Requirement Refinement for Auto No-Fault Care Providers

Prepared by



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The intent of the accreditation requirement in the auto no-fault reform law was to ensure a quality control system for providers that render care to people injured in a car crash. However, refinement is required to clearly define who it applies to with consistency. Accreditation brings field review of quality in services and business operations. The proposed solutions ensures this is applied to the appropriate care providers.

Need For Refinement:

After passage of Public Act 21 of 2019, the accreditation requirement caused confusion and uncertainty due to the vague language:

- Definition of “neurological rehabilitation clinic” was broad, requiring subsequent efforts to define by Department of Insurance and Financial Services (DIFS).
- There is no clear definition of what constitutes “care”.

Limits accreditation to providers that serve people with brain injuries AND spinal cord injuries:

- Providers that only serve people with brain injuries are not required to be accredited.

Subsequent efforts by DIFS have caused contradictions and confusion:

- Despite efforts to assist DIFS with identifying accreditation options for all providers that may fit the definition of providing “care”, DIFS attempts to define and clarify have brought inconsistencies within the post-acute provider continuum of care.

Proposed Solution:

Clearly defines accreditation requirement:

- Expressly identifies residential services and home care providers as requiring accreditation.

Removes limiting factors of diagnosis:

- All injured people receiving home care or residential services will benefit from the quality assurance of accreditation.

Expands options for accreditation:

- More options to providers to choose reputable accreditation standards that meet their needs.