

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Lori Brown

**Phone Number:** 517-241-1852

Initial

Public Comment

Final

**Brief description of policy:**

This policy introduces the MSA-204 - Home Help Agency Caregiver Enrollment Authorization form, which allows the agency caregiver to delegate submission of their Community Health Automated Medicaid Processing System (CHAMPS) enrollment to the agency provider. The MSA-204 documents the agency caregiver’s a) consent to be enrolled in CHAMPS in their absence, and b) agreement to the terms and conditions in the CHAMPS enrollment application.

**Reason for policy (problem being addressed):**

The agency caregiver has sole authority to submit their CHAMPS enrollment application. Given the complexity of this process, agency providers must often bring new agency caregivers into the office to have administrative staff guide them through it, which is both time- and labor-intensive. The MSA-204 helps reduce administrative burden by allowing agency caregivers to delegate the CHAMPS enrollment process to the agency provider.

**Budget implication:**

- budget neutral
- will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation
- will save MDHHS \$ \_\_\_\_\_

**Is this policy change mandated per federal requirements?**

No.

**Does policy have operational implications on other parts of MDHHS?**

No. The agency provider is responsible for overseeing the procedure and retaining the form. MDHHS would only handle the form during an audit or investigation.

**Does policy have operational implications on other departments?**

No.

**Summary of input:**

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date:                      Approval                      Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 1924-HH	<b>Date:</b> August 20, 2020

**Comments Due:** September 24, 2020  
**Proposed Effective Date:** December 1, 2020  
**Direct Comments To:** Lori Brown  
**Address:**  
**E-Mail Address:** [Brownl35@michigan.gov](mailto:Brownl35@michigan.gov)  
**Phone:** 517-241-1852 **Fax:**

**Policy Subject:** Enrolling Agency Caregivers in the Community Health Automated Medicaid Processing System (CHAMPS) in their Absence

**Affected Programs:** Medicaid, Healthy Michigan Plan

**Distribution:** Home Help Agency Providers

**Summary:** This policy introduces the MSA-204 - Home Help Agency Caregiver Enrollment Authorization form, which allows the agency caregiver to delegate submission of their CHAMPS enrollment to the agency provider. The MSA-204 documents the agency caregiver's a) consent to be enrolled in CHAMPS in their absence, and b) agreement to the terms and conditions in the CHAMPS enrollment application.

**Purpose:** The agency caregiver has sole authority to submit their CHAMPS enrollment application. Given the complexity of this process, agency providers must often bring new agency caregivers into the office to have administrative staff guide them through it, which is both time- and labor-intensive. The MSA-204 helps reduce administrative burden by allowing agency caregivers to delegate the CHAMPS enrollment process to the agency provider.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** None known

<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Submitted date:</b>
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**Tribal Notification:** Yes  No  - **Date:**

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

**Bureau/Administration** *(please print)*

**Date**

**Comment001**

**Revised 6/16**

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Medical Services Administration

**Distribution:** Home Help Agency Providers

**Issued:** November 1, 2020 (Proposed)

**Subject:** Enrolling Agency Caregivers in the Community Health Automated Medicaid Processing System (CHAMPS) in their Absence

**Effective:** December 1, 2020 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan

The Home Help program is administered by the Michigan Department of Health and Human Services (MDHHS) and provides personal care services to Medicaid beneficiaries who need hands-on assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL). All agency caregivers must be enrolled in CHAMPS and associated to the agency provider before working with Home Help clients.

The purpose of this bulletin is to introduce the MSA-204 - Home Help Agency Caregiver Enrollment Authorization form. The MSA-204 allows the agency provider to enroll an agency caregiver in CHAMPS in the agency caregiver's absence. It must only be used when the agency caregiver chooses not to participate in the submission of their CHAMPS enrollment application.

The MSA-204 documents that the agency caregiver permits the agency provider to complete the CHAMPS enrollment application in the agency caregiver's absence and has read, understands and agrees to all Home Help terms and conditions. The attached MSA-204 is a sample of the form. A fillable form can be downloaded from the Home Help website at [www.michigan.gov/homehelp](http://www.michigan.gov/homehelp).

The agency caregiver has the sole authority to submit their CHAMPS enrollment application. If they choose to delegate that authority to the agency provider, the agency provider must follow the steps outlined on the instructions page of the MSA-204.

The agency caregiver must not be enrolled in CHAMPS before the MSA-204 is completed and submitted to the agency provider. To protect client safety, the agency caregiver must not provide Home Help services until their CHAMPS enrollment application has been approved and the agency caregiver has associated to the agency provider in CHAMPS. A failure to comply with these requirements may result in recoupment of payments for services the agency caregiver provides.

Michigan Department of Health and Human Services  
**HOME HELP AGENCY CAREGIVER ENROLLMENT AUTHORIZATION**

This form must be used to document an agency caregiver's consent to be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). The form is needed only when the agency caregiver will be absent during the submission of their CHAMPS enrollment application.

To protect client safety, the agency caregiver must not provide Home Help services until their CHAMPS enrollment application has been approved and the agency caregiver has associated to the agency provider in CHAMPS. A failure to comply with these requirements may result in recoupment of payments for services the agency caregiver provides.

**COMPLETION INSTRUCTIONS:**

The agency caregiver has the sole authority to submit their CHAMPS enrollment application. If they choose to delegate that authority to the agency provider, the following steps are required:

- 1. The agency provider completes Section 1 of the form.**
- 2. The agency caregiver completes Sections 2 through 5 of the form and returns it to the agency provider.** The agency caregiver's signatures in Sections 3 and 5 must be handwritten. The agency caregiver must not be enrolled in CHAMPS before this step is completed.
- 3. The agency provider creates a unique MILogin user ID and password for the agency caregiver and enters the agency caregiver's responses from Section 4 of the form into CHAMPS.** The agency provider must not use the MILogin user ID and password for any purpose other than to enroll the agency caregiver.
- 4. The agency provider enters the agency caregiver's MILogin user ID and password and CHAMPS provider ID into Section 6 of the form and gives a copy of the completed form to the agency caregiver.** The form should be returned promptly to the agency caregiver to ensure they have the information needed to manage their MILogin account and CHAMPS enrollment. If the agency caregiver's CHAMPS enrollment is not approved, the agency provider should still provide the agency caregiver with their MILogin user ID and password.
- 5. The agency provider retains the signed form in a secure environment for seven years after the agency caregiver's last date of service.** The form should only be submitted to MDHHS if requested by MDHHS staff. Failure to retain or provide MDHHS with the form during an investigation or audit may result in recoupment.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

**AUTHORITY:** Title XIX of the Social Security Act and Administrative Rule 400.1104(a)  
**COMPLETION:** Is voluntary, but is required if Medical Assistance program payment is desired.

# HOME HELP AGENCY CAREGIVER ENROLLMENT AUTHORIZATION

Michigan Department of Health and Human Services

## SECTION 1 – AGENCY PROVIDER INFORMATION

Agency Name	Provider ID Number
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## SECTION 2 – AGENCY CAREGIVER INFORMATION

Name (First, Last)	Address (Number and Street, Apartment/Lot Number)		
City	State	Zip Code	Date of Birth
Home Telephone Area Code and Number		Cell Phone Area Code and Number	
Social Security Number	Email Address		

## SECTION 3 – CONSENT TO BE ENROLLED IN CHAMPS

Home Help is a Medicaid-funded program. Only Medicaid-approved providers may work with Home Help clients. MDHHS uses CHAMPS to enroll and approve Medicaid providers. **You must be enrolled in CHAMPS as a Medicaid-approved provider before you work with Home Help clients.**

You will enter CHAMPS through the MILogin website. With MILogin, you only need one user ID and password to enter many State of Michigan websites.

You have chosen to have the agency provider in Section 1 of this form create your MILogin user ID and enroll you in CHAMPS. The agency provider may use your MILogin user ID to check on your CHAMPS enrollment application. The agency provider will give you your MILogin user ID. If your CHAMPS enrollment application is approved, the agency provider will also give you your CHAMPS Provider ID.

**You will own your MILogin account and CHAMPS enrollment. As the owner, you will be responsible for any actions taken with your MILogin account and CHAMPS enrollment. You must not share your MILogin user ID and password and your CHAMPS Provider ID.**

You should protect your MILogin account and CHAMPS enrollment by changing your MILogin password. If you need help changing your password, call Provider Support at 1-800-979-4662.

By signing below, I agree to have the agency provider create my MILogin user ID and enroll me in CHAMPS. I know the agency provider may need to use my MILogin user ID to check on my CHAMPS enrollment application. I know I am responsible for actions taken with my MILogin account and CHAMPS enrollment. Once I receive my MILogin user ID and password and my CHAMPS Provider ID, I agree not to share them. I know I am responsible for protecting this information by changing my MILogin password.

Agency Caregiver Signature	Date Signed
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#### SECTION 4 – FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

1. Have you ever been convicted of a felony or misdemeanor crime? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been removed from or told you cannot participate in a state or federally funded program? If yes, please tell us what program and why.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### SECTION 5 – HOME HELP PROGRAM TERMS AND CONDITIONS

By signing below, I agree that I have read the following statements and agree to follow all federal, state and MDHHS rules.

1. I know I work for the agency provider. I am not employed by MDHHS or the State of Michigan.
2. I know MDHHS will use my CHAMPS enrollment to run criminal history screenings. The results of these screenings may prevent me from working as a Medicaid-approved provider. The results will be shared when needed with MDHHS staff, agency provider staff and Home Help clients.
3. I agree to keep my CHAMPS enrollment current. I will update my CHAMPS enrollment within 10 days of any change in my information. This includes but is not limited to a change in my address, phone number or email.
4. I agree to provide the services to the Home Help client that the agency provider assigns to me. I know the hours of services I provide to the Home Help client may not go over the total approved hours listed on the Home Help client's Time and Task.
5. I know I can only receive wages from the agency provider for the services I provide. I will not seek or accept payments from the Home Help client or any other source.

6. I agree to give the agency provider all records needed to show the services I provided to Home Help clients. I know that listing services I did not provide is fraud and could result in criminal charges.
7. I agree to cooperate with MDHHS and/or the agency provider on any audits, investigations or requests for information about Home Help services provided.
8. I know I must tell the agency provider if I am arrested or convicted of a crime.
9. I agree to let the agency provider know of any changes with the Home Help client. This includes but is not limited to the Home Help client being admitted to a hospital, staying in a nursing home or ending Home Help services.
10. I agree to follow the laws on the use and sharing of the Home Help client's protected health information (PHI). This includes the privacy rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Public Acts 104-191 (45 CFR Parts 106 and 164, Subparts A, C, and E).
11. I agree to follow the rules for Medicaid providers in 42 CFR 431.107, Act No. 280 of the Public Acts of 1939 and the MDHHS Medicaid Provider Manual.

Agency Caregiver Signature

Date Signed

**SECTION 6 – AGENCY CAREGIVER MILOGIN USER ID / PASSWORD AND CHAMPS PROVIDER ID**

MILogin User ID	MILogin Password	CHAMPS Provider ID