

MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

Brief description of policy:

This bulletin establishes an MDHHS Medicaid Provider Manual chapter for the Home Help program and introduces the MSA-2104 Home Help Agency Provider Employment Requirements form. The MSA-2104 will be added to the agency application packet to help newly approved agency providers understand and comply with agency provider employment policies.

Reason for policy (problem being addressed):

The purposes of this bulletin are to consolidate Home Help policy from Medical Services Administration (MSA) bulletins and the Adult Services Manual into a Home Help chapter in the MDHHS Medicaid Provider Manual and mitigate the most common reason newly approved agency providers fail to retain their approved status (i.e., failure to understand and/or comply with Home Help agency provider employment policies).

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.

Does policy have operational implications on other departments?

No.

Summary of input:

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

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice 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	If yes, Submission Date:
Date: _____ Approval	Date: _____

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2112-HH	Date: September 2, 2021

Comments Due: October 7, 2021
Proposed Effective Date: December 1, 2021
Direct Comments To: Lori Brown
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Policy Subject: Medicaid Provider Manual Chapter for the Home Help Program

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Home Help Providers

Summary: This bulletin establishes an MDHHS Medicaid Provider Manual chapter for the Home Help program and introduces the MSA-2104 Home Help Agency Provider Employment Requirements form. The MSA-2104 will be added to the agency application packet to help newly approved agency providers understand and comply with agency provider employment policies.

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Cost Implications: None.

Potential Hearings & Appeal Issues: None.

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

THIS SECTION COMPLETED BY RECEIVER

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

Signature:	Phone Number
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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 Providers

Issued: November 1, 2021 (Proposed)

Subject: Medicaid Provider Manual Chapter for the Home Help Program

Effective: December 1, 2021 (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 (ADLs) and instrumental activities of daily living (IADLs).

This bulletin establishes an MDHHS Medicaid Provider Manual chapter for the Home Help program and introduces the MSA-2104 Home Help Agency Provider Employment Requirements form. The MSA-2104 will be added to the agency application packet to help newly approved agency providers understand and comply with agency provider employment policies.

The purposes of this bulletin are to consolidate Home Help policy from Medical Services Administration (MSA) bulletins and the Adult Services Manual into a Home Help chapter in the MDHHS Medicaid Provider Manual and mitigate the most common reason newly approved agency providers fail to retain their approved status (i.e., failure to understand and/or comply with Home Help agency provider employment policies).

All previously issued Home Help MSA bulletins will be considered void upon the effective date of this bulletin.

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HOME HELP

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SECTION 1 – GENERAL INFORMATION

1.1 OVERVIEW

Michigan's Medicaid state plan personal care services are provided through the Home Help program in accordance with 42 CFR §440.167. The program is administered by the Michigan Department of Health and Human Services (MDHHS) and provides personal care services to eligible Medicaid beneficiaries who need hands-on assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The purpose of the Home Help program is to support client well-being, safety, and choice. Home Help services enable clients with functional limitation(s) resulting from a medical or physical disability or cognitive impairment to live safely in the most independent setting. Authorized personal care services are based upon a comprehensive assessment conducted by an MDHHS adult services worker (ASW) and reflect the client's goals and preferences identified through a person-centered planning process. The Home Help program is designed to meet the following goals:

- Encourage and support the client's right and responsibility to make informed choices.
- Ensure necessary supports are offered to help the client live independently and with dignity.
- Recognize and encourage the client's natural support system.
- Empower the client to manage their services, respecting the client's right to determine what services are necessary, when they are completed, and how they are performed.

1.2 COMMON TERMS

Below are common terms used throughout this chapter:

Adult Services Worker (ASW)	This individual works for MDHHS and provides case management services for the Home Help program.
Agency Caregiver	A direct care worker employed by the agency provider. This individual provides Home Help personal care services to the client.
Agency Employee	An employee of the agency provider who has access to information regarding the client for the purposes of billing, answering phone calls, or assisting with setting up services for the client.
Agency Owner(s)	Possesses 5% or greater direct or indirect ownership interest of the agency provider and/or person with control interest.
Agency Provider	<ul style="list-style-type: none"> ▪ A current Medicare certified home health agency; OR ▪ An approved agency with a federal Employer Identification Number (EIN) that directly employs all (but not less than two) agency caregivers, not including the owner, who are providing services through the Home Help program and regularly receiving paychecks from the agency each month; OR ▪ A Community Mental Health Services Program (CMHSP) that works with clients who use arrangements that support self-determination.

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Agency Representative/ Resident Agent	An individual who is authorized to act on behalf of the agency owner.
Board of Directors	A group of individuals elected or selected to act as representatives of the shareholders to establish corporate management-related policies and to make decisions on major company issues.
Client	A Medicaid beneficiary who is receiving personal care services through the Home Help program.
Individual Caregiver	A direct care worker employed directly by the client. This individual provides Home Help personal care services to the client.
Managing Employee	A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of the institution, organization, or agency either under contract or through some other arrangement, whether or not the individual is a W-2 employee.
Unapproved Agency Provider	An agency provider that is enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) but has not been approved to provide Home Help services or is earning the individual caregiver rate due to not being in full compliance with Home Help policy.

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SECTION 2 – SERVICES

Medicaid funds are available for Home Help services provided to clients who meet the requirements outlined in the Eligibility Section of this chapter. The client's ASW can authorize up to 179.9 hours of Home Help services per month. Additional time may be authorized with approval from the Home Help Policy Section.

Home Help services eligible for Medicaid funding are limited to:

- Hands-on assistance with ADLs, IADLs, and complex care tasks.
- Contribution to the maintenance costs of a service animal. (Refer to Adult Services Manual [ASM] 137 for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

2.1 ASSISTANCE WITH ADLS

Home Help services are available to clients who require hands-on assistance with one or more ADLs, including:

- **Bathing:** Shampooing and drying the hair and cleaning the body or parts of the body using a tub, shower, or sponge bath. May include getting a basin of water; managing faucets; and soaping, rinsing, and drying the body.
- **Dressing:** Putting on and taking off garments; fastening and unfastening garments and undergarments; and assisting with special devices like back or leg braces, elastic stockings or garments, and artificial limbs or splints.
- **Eating:** Using utensils and a cup or glass; getting food and drink to the mouth; cutting up and manipulating food on the plate; swallowing food and drink; and cleaning the face and hands after a meal.
- **Grooming:** Maintaining personal hygiene and a neat appearance. May include combing and brushing the hair; brushing and cleaning the teeth; shaving; and fingernail and toenail care.
- **Mobility:** Walking or moving around inside the living area; changing locations in a room; climbing the stairs; maneuvering around pets; and managing obstacles like uneven floors.
- **Toileting:** Getting on and off the toilet, commode, or bed pan; emptying the commode, bed pan, or urinal; managing clothing; wiping and cleaning the body after toileting; cleaning ostomy or catheter tubes/receptacles; and applying diapers and disposable pads. May also include catheter, ostomy, or bowel programs.
- **Transferring:** Moving from one sitting or lying position to another; moving from the bed or wheelchair to the sofa; coming to a standing position; or repositioning the body.

2.2 ASSISTANCE WITH IADLS

Clients eligible to receive assistance with at least one ADL may receive assistance with one or more IADLs, including:

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- **Laundry:** Gaining access to machines; sorting laundry; manipulating soap containers; reaching into the machine for laundry; operating the machine controls; hanging laundry to dry; and folding and putting away laundry.
- **Light housework:** Sweeping, vacuuming and washing floors; washing kitchen counters and sinks; cleaning the bathroom; changing bed linens; taking out garbage; dusting; cleaning the stove top; and cleaning the refrigerator.
- **Meal preparation or clean-up:** Planning menus; washing, peeling, slicing, and mixing ingredients; opening packages and cans; lifting pots and pans; reheating food; cooking; safely operating the stove; setting the table; serving the meal; and washing, drying, and putting away dishes.
- **Shopping:** Compiling a list; managing a cart or basket; identifying items needed; transferring items to the home and putting them away; and phoning in and picking up prescriptions. Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maintenance of the client.
- **Taking medication:** Taking prescribed or over-the-counter medications.

2.2.A. MAXIMUM ALLOWABLE HOURS FOR IADLS

There are monthly maximum hour limits on all IADLs except taking medication. The limits are as follows:

IADL	Maximum Hours per Month
Shopping	5
Light housework	6
Laundry	7
Meal preparation	25

2.3 COMPLEX CARE TASKS

Complex care tasks are performed for a client whose diagnosis or condition requires a higher level of care than what is provided in assistance with ADLs and IADLs. Complex care tasks may require special treatment and equipment. The provider may need specific instructions by a health professional or the client.

Common complex care tasks include:

- **Bowel program:** Recommended by a medical professional to aid a client with having a bowel movement or to prevent chronic constipation complications. May be recommended for a client with paralysis, paraplegia, hemiplegia, or lesions or congenital anomalies of the intestinal tract. Assistance may include a combination of digital stimulation, manual removal of stool from the rectum, insertion of a suppository, or an enema. **NOTE:** A bowel program that requires greater than 60 minutes of hands-on assistance per day requires medical documentation from a physician or nurse practitioner verifying the bowel program is safe and meets the client’s needs.

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- **Catheters or leg bags:** A client needing assistance with urinary voiding due to bladder dysfunction may need assistance with insertion, emptying, and replacing of an indwelling (Foley) catheter; intermittent catheterization; or suprapubic catheter maintenance and emptying. Catheterization activities include cleaning, replacing, and switching between different types of urine drainage bags.
- **Colostomy care:** A client who has had a portion of their colon removed or requires their colon to be diverted, either permanently or temporarily, may have an opening in the abdominal wall (called a stoma) emptying the colon contents into a drainage appliance and bag. A client with a colostomy may need assistance with maintenance and cleaning of the stoma site, as well as maintenance, emptying, cleaning, and replacement of the appliance and bag.
- **Eating or feeding assistance:** A client may need assistance with a feeding tube or supplemental food bag. Assistance may include the following feeding methods: bolus; intermittent bolus by gravity bag or syringe; continuous drip by gravity or pump; or a combination of continuous drip and bolus feedings. Tasks may include preparing the formula, checking the placement of the feeding tube, and priming the tubing or pump.
- **Injections:** A client may need medication(s) to be delivered via subcutaneous or intramuscular injections as ordered by a physician or nurse practitioner. Assistance with this task may include preparing medication, cleaning the injection site, and administering the injection as ordered. Some medications require testing prior to injection – such as using a blood glucose monitor prior to injecting insulin.
- **Peritoneal dialysis:** A client may have an option to do in-home dialysis in place of hospitalization or treatment at a dialysis center. May include continuous ambulatory peritoneal dialysis (CAPD) performed by a machine or manually. Assistance may include setting up, initiation, and discontinuation of infusion; adjustments to infusion; and monitoring vital signs. May require time for maintenance and cleaning of the dialysis machine and equipment.
- **Range of motion exercises:** A client with limited or no mobility may require assistance with range of motion exercises to prevent stiffness and contractures and to improve flexibility and circulation in joints and extremities. **NOTE:** For requests greater than 60 minutes per day, documentation from a prescribing medical professional is needed to detail treatment and exercises.
- **Respiratory treatment:** A client with altered airway function may require the administration of oxygen, nebulizer, aerosol, or respiratory therapy, or the use of mechanical aids to facilitate lung inflation. Assistance may include the use of medical gases and administration apparatus, humidification, aerosol, medications, ventilator support, percussion and cough assist devices, and airway management.
- **Specialized skin care:** A client with limited or no mobility who is at risk for skin breakdown may require turning and repositioning of their body to prevent development of decubitus ulcers (also known as bed sores or pressure ulcers); the use of pressure-reducing devices; and the treatment of decubitus ulcers with pads, creams, or lotions.
- **Suctioning:** A client with a tracheostomy, altered airway function, or choking or aspiration risks may require oral or tracheal suctioning to keep their airway open and free of mucous. Oral suctioning involves removing mucous secretions and foreign material from the mouth and throat with the use of a Yankauer catheter. Tracheal suctioning involves clearing mucus from the tracheostomy tube. Assistance may also include maintenance and cleaning of the tracheostomy, dressings, and equipment.

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- **Ventilator:** A client who needs mechanical ventilation to support their respiratory function may need assistance with putting on or removing the ventilator, adjustments to ventilator settings, managing ventilator humidification, and maintaining and cleaning the ventilator. Non-invasive ventilator support may include continuous positive airway pressure (CPAP) and bi-positive airway pressure (Bi-PAP).
- **Wound care:** A client with a pressure, surgical, or other wound(s) may need assistance with cleaning, dressing, packing, debridement, and irrigation of the wound(s) or assessment of the wound(s) for complications, such as infection or vascular compromise. Wound care is prescribed and monitored by a physician or nurse practitioner, usually on a weekly or monthly basis, but can be performed by a trained caregiver.

This is not an exhaustive list of complex care tasks eligible for payment. Specific tasks are determined through a comprehensive assessment. (Refer to the Eligibility [Comprehensive Assessment] Section in this chapter for more information.)

2.4 HOME HELP SERVICES IN THE WORKPLACE

Home Help services may be used to enable the client to be employed. Additional service hours are not authorized for this purpose. The client determines how to distribute the authorized service hours between the home and workplace. Home Help services in the workplace are limited to hands-on assistance with ADLs, IADLs, and complex care tasks and do not include other tasks that may need to be performed as part of the client's work duties.

2.5 HOME HELP SERVICES FOR A MINOR CHILD

Home Help services provided to a minor child must be a necessary supplement to usual parental care and justified by the high service needs of the family. High service needs are those that arise from a minor child's physical, medical, emotional, or mental impairment and require significantly higher levels of intervention than those required by a child of the same age without similar impairments.

When a responsible relative(s) is unable due to a medical condition to meet a minor child's care needs, or is unavailable due to employment, school, or other legitimate reason, the responsible relative(s) can hire a provider to perform the ADLs, medication administration, and meal preparation required during their absence. (Refer to ASM 101 for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

A responsible relative cannot be the paid provider for a minor child. A responsible relative is defined as an individual's spouse or a parent of an unmarried child under the age of 18.

Payments are only for time authorized to complete approved tasks and cannot include time for childcare, supervision, or monitoring.

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SECTION 3 – NONCOVERED SERVICES

Noncovered services include, but are not limited to:

- Supervising, monitoring, reminding, guiding, teaching, or encouraging the client.
- Services provided for the benefit of people other than the client.
- Services a responsible relative is able and available to provide. A responsible relative is defined as a client's spouse or the parent of an unmarried client under the age of 18.
- Similar services provided by another resource at the same time (i.e., a duplication of services).
- Transportation other than authorized travel time for shopping and laundry.
- Money management, such as power of attorney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities.

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SECTION 4 – SERVICE SETTING

4.1 ALLOWABLE SERVICE SETTINGS

Home Help services may be authorized for a client living in:

- Their own home or apartment, either alone or with roommates or relatives. The client's name must be on the lease or mortgage.
- The home of a family member.
- A room and board or CMHSP-supervised setting that does not meet the definition of an AFC or HFA.

4.1.A. ROOM AND BOARD SETTING

A room and board setting is one where, in exchange for a fee, a person is provided with a place to live and meals. If the setting does not meet the definition of an AFC or HFA, Home Help services may be provided. The client is not eligible for assistance with meal preparation.

The following may provide Home Help services to a client residing in a room and board setting:

- A homeowner who is related to the client. A homeowner is defined as the person or entity that owns, leases, or rents the room and board setting. **NOTE:** A responsible relative cannot serve as the Home Help provider. A responsible relative is defined as the client's spouse or the parent of a child under the age of 18.
- A provider that is not affiliated with the homeowner or the room and board setting.

When the homeowner is **not** related to the client:

- The homeowner must not serve as the client's Home Help provider.
- The homeowner's employees and relatives must not serve as the client's Home Help provider(s).
- The homeowner must not benefit financially from the Home Help payment to the client's Home Help provider.
- The homeowner must not be legally affiliated with or otherwise connected to the client's Home Help provider.

4.1.B CMHSP-SUPERVISED SETTING

Residents of a CMHSP-supervised setting who receive community mental health (CMH) services may also qualify for Home Help services if the setting does not meet the definition of an AFC or HFA. Home Help services cannot be provided by the person who owns, rents, or leases the home. A client's assessed hours for IADLs other than taking medication must be reduced by 50 percent unless it can be clearly documented that IADLs for the client are completed separately from other adults in the home. The client's ASW will make this determination in consultation with the client and their representative as part of the person-centered planning process.

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4.2 TEMPORARY RESIDENCE OUTSIDE OF MICHIGAN

A client with active Medicaid may remain eligible for Home Help services in a temporary residence outside the state if there is evidence of intent to return to Michigan. Payment can be authorized only for those services required by the client in any living arrangement (permanent or temporary) and only to the provider(s) authorized to provide Home Help services prior to the client's temporary absence. The client must have a demonstrated need for continuity of care during the temporary absence and must confirm with the ASW that the provider(s) is rendering services in the temporary residence.

A face-to-face assessment with the ASW is required to authorize an increase in services or the continuation of services beyond the client's six-month review date. (Refer to the Eligibility [Comprehensive Assessment] Section in this chapter for more information.)

4.3 PROHIBITED SERVICE SETTINGS

Home Help services cannot be authorized for a client who is an inpatient or resident of a(n):

- Hospital,
- Nursing facility,
- Institution for mental disease,
- Adult foster care (AFC) facility as defined in the Adult Foster Care Facility Licensing Act, Public Act 218 of 1979 (MCL 400.701 et seq.),
- Home for the aged (HFA) as defined in the Public Health Code, Public Act 368 of 1978 (MCL 333.20106), or
- Correctional institution, such as a state or federal prison or local jail.

4.3.A DATE OF FACILITY ADMISSION

Providers are not eligible for payment for Home Help services provided on the day a client is admitted to any of the facilities listed above. Payments for Home Help services provided on these days are subject to denial and recoupment.

4.3.B DATE OF FACILITY DISCHARGE

Providers are eligible for payment for Home Help services provided on the day a client is discharged from any of the facilities listed above.

4.3.C REPORTING FACILITY STAYS

The client or provider must report a facility stay to the client's adult services worker within ten business days of the date of discharge to ensure proper Home Help payment.

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SECTION 5 – ELIGIBILITY

Home Help services are available to an individual who:

- Meets Medicaid eligibility requirements,
- Has a certified medical need for services,
- Is determined through a comprehensive assessment to have a need for services,
- Does not have a responsible relative who is able or available to assist with ADLs, IADLs, and complex care tasks, and
- Is not concurrently enrolled in the MI Choice waiver program, MI Health Link, or the Program of All-Inclusive Care for the Elderly (PACE).

All criteria must be met to establish eligibility for Home Help services. The individual must continue to meet these eligibility requirements on an ongoing basis to remain eligible for services.

5.1 MEDICAID ELIGIBILITY

An individual may be eligible for Home Help services under one of the following conditions:

- All requirements for Medicaid have been met.
- The individual is a Medicaid deductible beneficiary, and their Medicaid deductible obligation has been met. (Refer to ASM 105 and the Medicaid Deductible Beneficiaries [Spendedowns] Section in the Beneficiary Eligibility chapter of this manual for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

5.2 MEDICAL ELIGIBILITY

The client's medical need for Home Help services must be certified using the Medical Needs form (DHS-54A). (Refer to the Forms Appendix for a copy of the DHS-54A.) The DHS-54A must be signed and dated by an approved Medicaid provider enrolled in CHAMPS who holds one of the following professional licenses:

- Physician (MD or DO)
- Physician assistant
- Nurse practitioner
- Occupational therapist
- Physical therapist

NOTE: A Veterans Health Administration (VHA) medical provider may complete a DHS-54A or a VA Form 10-10M.

The client is responsible for obtaining the medical certification of need, but it must be completed by one of the medical professionals listed above. The medical professional must enter their National Provider Identifier (NPI) number on the DHS-54A or VA Form 10-10M and indicate whether they are a Medicaid-enrolled provider.

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The medical professional certifies the client's need for services is related to an existing medical condition, physical disability, or cognitive disability. The medical professional does not prescribe or authorize personal care services. Needed services are determined by the comprehensive assessment conducted by the ASW.

5.3 COMPREHENSIVE ASSESSMENT

An ASW determines the client's need for Home Help services during a face-to-face comprehensive assessment completed in the client's place of residence. The ASW issues a Time and Task to communicate to the client and provider the services that are authorized. (Refer to the Providers [Provider Payments] Section of this chapter for more information.)

5.3.A. REVIEWS

The client must, at a minimum, participate in a face-to-face review with the ASW in the client's place of residence every six months. If a client requests an increase in services or moves to a new county, a new face-to-face review and comprehensive assessment are required before payment is authorized.

5.4 STATUS OF RESPONSIBLE RELATIVES

A responsible relative is defined as a client's spouse or the parent of an unmarried client under the age of 18. Home Help services may only be authorized if a responsible relative is unable or unavailable to provide the services.

An **unable** responsible relative has disabilities of their own that prevent them from providing care. These disabilities must be documented and verified by a medical professional on a DHS-54A. (Refer to the Forms Appendix for a copy of the DHS-54A.)

An **unavailable** responsible relative is absent from the home for an extended period due to employment, school, or other legitimate reasons. The responsible relative must provide documentation – such as a work or school schedule – that verifies they are unavailable to provide care.

When a client and a responsible relative reside in the same home, the IADLs of shopping, laundry, and light housework may only be authorized if they must be completed during the time the responsible relative is unavailable. **Example:** A client's spouse works from 7:00 a.m. to 6:00 p.m., Monday through Friday. If the spouse is able and available to assist with shopping, laundry, and light housework outside their work schedule, these tasks will not be authorized for the client.

A client who is separated from their spouse must provide verification that they no longer reside in the same home. Verification may include a driver's license, rent receipt, or utility bill. The separated spouse cannot serve as the Home Help client's provider.

5.5 COORDINATION WITH OTHER SERVICES

Enrollment in the Home Help program is permitted if the client is enrolled in one or more of the following programs. For information about concurrent enrollment requirements, refer to the sections of this manual listed in the chart below.

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Program / Services	Reference
Habilitation Supports Waiver for Persons with Developmental Disabilities	Habilitation Supports Waiver for Persons with Developmental Disabilities (Waiver Supports and Services) Section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter
Children’s Waiver	Children’s Waiver Community Living Support Services Appendix (Coverage Decisions Section) of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter
Home Health	Personal Care (Home Help Program) Section of the Home Health chapter
Hospice	Hospice Services (Home Help/Personal Care) Section of the Hospice chapter
Medicaid Health Plans	General Information (Services Excluded from MHP Coverage but Covered by Medicaid) Section in the Medicaid Health Plans chapter

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SECTION 6 – ENROLLMENT

Home Help program enrollment begins with one or more of the following contacts with a local MDHHS office:

- A referral received by phone, U.S. mail, fax, or in person. The referral source does not have to be the individual in need of services.
- The submission of a completed and signed Adult Services Application (DHS-390).
- The submission of a completed and signed Medical Needs form (DHS-54A).

(Refer to the Directory Appendix for local MDHHS office contact information and the Forms Appendix for copies of the DHS-54A and DHS-390.)

6.1 ELIGIBILITY DETERMINATION

When Home Help services are approved, MDHHS mails the client the Services Approval Notice (DHS-1210) and the client's Time and Task, which lists the client's authorized services. The client's Time and Task may be different from the provider's Time and Task due to client choice or provider availability. The client's Time and Task indicates the maximum authorized time based on the client's assessed need. With prior approval from the client's ASW, the provider authorization may exceed the provider's Time and Task but may not exceed the client's Time and Task.

When Home Help services are denied, MDHHS sends the Adequate Negative Action Notice (DHS-1212A) and the Request for Hearing form (DCH-0092) to the client through U.S. mail. The case denial is effective on the date the notice is mailed to the client. The client can submit the DCH-0092 to appeal the determination.

(Refer to the Appeals [Client Appeals] Section in this chapter and ASM items 110, 115, and 150 for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

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SECTION 7 – DISENROLLMENT

Home Help services payments may be terminated, and the client's case closed, when the client:

- Fails to meet any of the eligibility requirements.
- Fails to participate in a six-month review. (Refer to the Eligibility [Comprehensive Assessment] Section of this chapter for more information.)
- Voluntarily disenrolls from the Home Help program.
- Receives services from another program that results in a duplication of services.

(Refer to ASM items 155 and 170 for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

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SECTION 8 – PROVIDERS

Home Help services are provided by individual caregivers, agency providers and agency caregivers. (Refer to the General Information [Common Terms] Section in this chapter for more information.) The Home Help program supports the client in selecting and supervising the provider(s). The client is the employer of the individual caregiver and is responsible for selecting and overseeing the agency provider. The client has the right to terminate services with the provider at any time. All providers must meet minimum provider qualifications established by the Home Help program.

8.1 PROHIBITED PROVIDERS

Home Help services cannot be provided by a(n):

- Responsible relative. (Refer to the Eligibility [Status of Responsible Relatives] Section of this chapter for more information.)
- Minor (17 years of age or under).
- Financial management services vendor, such as a fiscal intermediary or fiscal/employer agent.
- Current Home Help client.
- Provider convicted of a crime(s) listed as a permissive or mandatory exclusion. (Refer to the Denial of Enrollment, Termination and Suspension [Termination or Denial of Enrollment] Section in the General Information for Providers chapter of this manual for more information.) **NOTE:** A client may be able to hire an individual caregiver with a permissive exclusion using the Personal Choice and Acknowledgement of Provider Selection process outlined below.

8.1.A. PERSONAL CHOICE AND ACKNOWLEDGEMENT OF PROVIDER SELECTION

A client may hire an individual caregiver convicted of a crime(s) listed as a permissive exclusion. The client must document their choice by signing and dating the Personal Choice and Acknowledgement of Provider Selection form (MSA-119). The MSA-119 verifies the client received notification of the criminal offense(s) that prompted the permissive exclusion and indicated their selection of the individual caregiver to deliver Home Help services.

The client receives the MSA-119 from their ASW or local MDHHS office. (Refer to the Directory Appendix for contact information.) The effective start date for the selected individual caregiver is the date the client signs the MSA-119. The ASW must not authorize payment prior to the signature date on the form.

The client may only use the MSA-119 to select an individual caregiver who meets the following criteria:

- Does not have a disqualifying conviction that is one of the four exclusions under 42 USC 1320a-7(a). (Refer to the Denial of Enrollment, Termination and Suspension [Termination or Denial of Enrollment] Section in the General Information for Providers chapter of this manual for more information.)
- Is not legally responsible for the beneficiary.

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- Meets the caregiver qualifications outlined in this chapter.

The MSA-119 cannot be used to select an agency provider or agency caregiver.

A personal choice selection may be applied for the limited purpose of providing Home Help services to the specific client identified on the MSA-119. A personal choice selection must not be construed as approval, authorization, or permission to provide services to other clients. If an individual caregiver with a permissive exclusion wishes to work for multiple clients, an MSA-119 must be signed by each client. The approved date of payment is based on the date the client signed the MSA-119.

Individual caregivers selected through the personal choice provisions of this section must be registered in CHAMPS and other systems (if applicable) for the purposes of monitoring, contacting, and generating payments; however, such individuals are prohibited from either being placed in the provider referral database or receiving referrals for additional clients through that process.

8.2 CAREGIVER QUALIFICATIONS

Agency caregivers and individual caregivers must be:

- 18 years of age or older.
- Able to follow instructions and Home Help program procedures and perform the services required.
- Able to handle emergencies and know when to seek assistance from appropriate sources in the event of an emergency.
- In adequate health to perform the needed services.
- Dependable and able to meet job demands.
- Willing to participate in available training programs, as necessary.
- In compliance with provider enrollment requirements. (Refer to the Providers [Provider Enrollment] Section of this chapter for more information.)

Home Help payments may be terminated if the caregiver fails to meet any of the above criteria.

8.3 AGENCY PROVIDER QUALIFICATIONS

To qualify for payment at the agency provider rate, an entity must be approved by the Home Help Policy Section and be one of the following:

- A current Medicare certified home health agency.
- An agency with a federal EIN that directly employs all – but not less than two – agency caregivers, not including the owner, who provide services through the Home Help program and regularly receive paychecks from the agency each month.
- A CMHSP that works with clients who use arrangements that support self-determination.

(Refer to the Providers [Agency Provider Approval Process] Section of this chapter for more information.)

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8.4 PROVIDER ENROLLMENT

All Home Help providers must enroll in CHAMPS and undergo a criminal history screening. (Refer to the Provider Enrollment Section of the General Information for Providers chapter of this manual for more information.)

8.4.A. INDIVIDUAL CAREGIVER ENROLLMENT

Individual caregivers must be enrolled in CHAMPS prior to working with clients.

8.4.B. AGENCY PROVIDER ENROLLMENT

Agency providers must be enrolled in CHAMPS prior to working with clients. Additionally, agency owners must ensure agency employees and agency caregivers are properly enrolled in CHAMPS.

8.4.B.1. AGENCY CAREGIVER AND AGENCY EMPLOYEE ENROLLMENT

The agency owner(s) must ensure that:

- All agency caregivers are enrolled in CHAMPS as atypical individual providers and associated to the agency provider prior to providing Home Help services. The date of this association must not be earlier than the date the criminal history check was completed to protect client safety. **NOTE:** An agency owner who provides direct personal care services to clients must also enroll in CHAMPS as an atypical individual provider and associate to their agency.
- All agency employees are listed in the agency provider's CHAMPS enrollment in "Step 9: Provider Controlling Interest/Ownership Details" prior to accessing client information.

(Refer to the General Information [Common Terms] Section of this chapter to determine which agency personnel meet the definition of an agency caregiver and an agency employee.)

When a post-payment audit reveals that MDHHS paid for services provided by one or more agency caregivers or agency employees who were noncompliant with CHAMPS enrollment policy, MDHHS will recoup the overpayments from the agency provider.

8.4.B.2. HOME HELP AGENCY CAREGIVER ENROLLMENT AUTHORIZATION FORM (MSA-204)

The agency caregiver has the sole authority to submit their CHAMPS enrollment application but can use the MSA-204 to delegate this responsibility to their employing agency provider. The MSA-204 documents that the agency caregiver:

- Permits the agency provider to complete the CHAMPS enrollment application in the agency caregiver's absence.
- Has read, understands, and agrees to all Home Help terms and conditions.

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The agency provider must not enroll the agency caregiver in CHAMPS before the agency caregiver has completed the MSA-204 and submitted it 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 from the agency provider of payments for services the agency caregiver provides. (Refer to the Forms Appendix for a copy of the MSA-204.)

8.5 AGENCY PROVIDER APPROVAL PROCESS

To apply to become an approved agency provider, a new agency must:

- Have a federal EIN.
- Register with the Michigan Department of Licensing and Regulatory Affairs (LARA) or the agency's local County Clerk Office.
- Create a vendor account in the State of Michigan Statewide Integrated Governmental Management Application Vendor Self Service system (SIGMA VSS). (Refer to the Directory Appendix for more information.)
- Enroll in CHAMPS.
- Submit the following documents to the Home Help Policy Section:
 - A copy of the county registration if the agency registered with its local County Clerk office.
 - A letter of intent on agency letterhead with the current date and the agency owner(s) written signature(s) that includes:
 - A list of the services the agency will provide.
 - Names, email addresses, and phone numbers of the agency owner(s) and managing employee(s).
 - A copy of the agency's IRS Form SS-4 Application for Employer Identification Number.
 - A completed, signed MSA-2104 Home Help Agency Provider Employment Requirements form.

Additional documents may be needed to clarify information received in the documents above. Applicants are encouraged to scan and email documents to the Home Help Policy Section with the subject line of "Agency Application". Fax and mail are acceptable; however, confirmation that documents have been received is not available with these options. (Refer to the Directory Appendix for contact information.)

8.5.A. APPROVAL DETERMINATION

Within 30 calendar days of the receipt of all required documents, the Home Help Policy Section notifies the applicant in writing of its approval, denial, or the need for additional information.

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An applicant is denied enrollment if any of the agency owners, agency representatives/resident agents, or managing employees had direct or indirect ownership interest or control interest of an agency that was suspended or terminated from the Michigan Medicaid program within the preceding five years. (Refer to the Denial of Enrollment, Termination and Suspension [Termination or Denial of Enrollment] Section in the General Information for Providers chapter of this manual for more information.)

8.5.B. NEW AGENCY PROVIDER COMPLIANCE REVIEW

Once a new agency provider begins billing for Home Help services, it must undergo a compliance review. The Home Help Policy Section will request the following documents three months after the first payment for Home Help services:

- A letter listing the agency owner(s) and managing employee(s), along with their email addresses and phone numbers, and the agency's correspondence address.
- A list of all agency caregivers currently providing Home Help services. The list must include each agency caregiver's name, individual CHAMPS provider ID, and the name(s) of the client(s) they serve.
- Three months of payroll records that must include agency caregiver names, pay period dates, payment amounts, Federal Insurance Contributions Act (FICA) withholdings, and proof of compliance with state unemployment insurance filings and payments. If payroll records do not verify tax payments, the agency provider may need to submit State of Michigan Form UJA 1028 and IRS Form 941.

Additional documents may be needed to clarify information received in the documents above. The Home Help Policy Section will email the agency provider a letter listing the required documents. The agency provider is encouraged to scan and email documents to the Home Help Policy Section with the subject line of "New Agency Compliance Review". Fax and mail are acceptable; however, confirmation that documents have been received is not available with these options. (Refer to the Directory Appendix for contact information.)

8.5.C. REMOVAL OF APPROVED AGENCY PROVIDER STATUS

MDHHS may revoke an agency provider's approved status if any of the following conditions are met:

- An agency provider fails to comply with Home Help policies.
- A new agency provider has not received payments for Home Help services within nine months of its date of approval.
- An established agency provider has not rendered Home Help services within the last six months.

An unapproved agency provider remains eligible to provide services at the individual caregiver rate. The agency provider may contact the Home Help Policy Section to request reinstatement of its approved status and the agency provider rate. (Refer to the Directory Appendix for contact information.)

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8.6 GENERAL PROVIDER OPERATING STANDARDS

Providers must adhere to the following operating standards as a condition of participation in the Home Help program:

- Sign and retain a copy of the Home Help Services Agreement (MSA-4676) for every client.
- Meet ASW interview requirements.
- Provide proof of identity.
- Comply with recruitment and marketing policies.
- Meet reporting requirements.
- Cooperate with the State of Michigan and MDHHS, or their designee, regarding any audits, investigations, or inquiries related to Home Help services provided.
- Comply with the privacy, security, and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information.
- Comply with Home Help provider policies.

8.6.A. HOME HELP SERVICES AGREEMENT (MSA-4676)

The MSA-4676 is an agreement between the client and the provider. It outlines the general service requirements and the provider's authorized tasks.

Individual caregivers and agency providers must sign the MSA-4676 for every Home Help client prior to delivering services. Payment cannot be authorized until the signed MSA-4676 is returned to the client's ASW or local MDHHS office.

The client receives the MSA-4676 from the ASW and manages the form completion and submission. Once the client and provider sign and date the MSA-4676, it must be returned to the client's ASW or local MDHHS office. The form may be delivered in person or by fax, U.S. mail, or email. The client has the authority to decide how to return the completed MSA-4676 and may delegate the task to the provider.

An agency provider only needs to sign one MSA-4676 per client. A new MSA-4676 is not required when a new agency caregiver begins working with the client. The agency owner(s) may either sign the MSA-4676 or designate an authorized signer(s). Any individual who signs the MSA-4676 on the agency provider's behalf binds the agency provider to the terms outlined in the form. The agency owner(s) is responsible for ensuring the form is signed by an authorized signer. The authorized signer must be associated to the agency provider in CHAMPS or listed in "Step 9: Provider Controlling Interest/Ownership Details" of its CHAMPS enrollment.

The provider must retain a copy of the signed form for seven years after the last date of services provided to the client.

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8.6.B. CAREGIVER INTERVIEWS

Individual caregivers and agency caregivers must participate in an interview with the client's ASW at the start of service provision and every six months thereafter. At the start of service provision and at least once per year, the interview must be held face-to-face with the ASW. If phone contact was made at the last interview, a face-to-face contact with the ASW is mandatory for the next interview. (Refer to the Eligibility [Comprehensive Assessment] Section of this chapter for more information.)

Caregiver interviews are scheduled by the client's ASW and must occur during the review month. Follow-up by the caregiver may be needed if the ASW's initial attempt to schedule the review is unsuccessful.

NOTE: When an agency provider begins services with a client, the initial interview may be with the agency owner. Once services have begun, subsequent contact must be with the agency caregiver(s) providing the direct hands-on care to the client. Failure to cooperate with these requirements may result in suspension of payment to the agency provider.

8.6.C. PROOF OF IDENTITY

Providers who have direct contact with clients must carry and present a picture identification that includes their name for verification. Providers must show their identification whenever requested by the client's ASW or other MDHHS staff working in collaboration with the Home Help program. Picture identification may include a driver's license or other state-issued identification, passport, or employee identification. An expired form of identification is acceptable if identity can be verified by the ASW or other MDHHS staff.

8.6.D. RECRUITMENT AND MARKETING

Providers are prohibited from:

- Using materials developed by MDHHS in advertising, marketing, or recruitment in a manner that misrepresents the provider's relationship with the State of Michigan, MDHHS, or the Home Help program. The use of the MDHHS logo on provider documents is prohibited.
- Recruiting clients in MDHHS offices or anywhere on MDHHS premises. **NOTE:** Providers may conduct general advertising off MDHHS premises.
- Recruiting or directing advertising to clients currently receiving Home Help services.

Additionally, agency providers are prohibited from:

- Recruiting agency caregivers in MDHHS offices or anywhere on MDHHS premises. **NOTE:** Agency providers may conduct standard employee recruitment (e.g., posting job openings) off MDHHS premises.
- Recruiting or directing their advertising to individual caregivers who are currently providing Home Help services to one or more clients.

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- Allowing an agency caregiver to provide services to a client who they were assisting as an individual caregiver for 90 days after commencement of employment with the agency provider or for 90 days after termination of services as the client's individual caregiver, whichever comes later.

8.6.E. REPORTING REQUIREMENTS

8.6.E.1. CHANGES AFFECTING PROVIDER ENROLLMENT

Providers must report all changes affecting their enrollment by updating their information in CHAMPS. This includes, but is not limited to, changes in address, contact name, or telephone number. Agency providers must also report changes in agency ownership, agency caregivers, and agency employees.

Failure to notify MDHHS within 10 calendar days of any changes may result in the termination of the provider's enrollment, denial of claims for services provided, and for agency providers, a reduction from the agency provider payment rate to the individual caregiver payment rate.

8.6.E.2. CHANGES AFFECTING PAYMENT AUTHORIZATION

Providers must notify MDHHS within 10 business days of any changes that affect the authorization of Home Help services payments, including but not limited to discontinuation of services, client hospitalization, or client admission to a nursing or AFC facility.

8.6.E.3. MANDATED REPORTER REQUIREMENTS

Pursuant to MCL 400.11a, all Home Help providers are mandated reporters and must report suspected abuse, neglect, or exploitation of adults to Centralized Intake for Abuse and Neglect. (Refer to the Directory Appendix for contact information.)

8.7 AGENCY PROVIDER OPERATING STANDARDS

8.7.A. ALL AGENCY PROVIDERS

In addition to the requirements in the General Provider Operating Standards Section in this chapter, all agency providers must adhere to the following operating standards:

8.7.A.1. NON-COMPETITION CONDITIONS

The agency provider must neither have, nor enforce, any agreements or requirements prohibiting an agency caregiver or agency employee from becoming an individual caregiver or working for another agency during or after their employment with the agency provider.

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8.7.A.2. RECORD RETENTION REQUIREMENTS

Agency providers must maintain supporting documentation verifying that services billed to MDHHS were provided to the client. At a minimum, this includes a copy of each client's Time and Task and verification of days and times worked, tasks completed, and names of clients that the agency provider worked with each day.

Records must be kept for seven years from the date of service. Failure to produce supporting documentation for claims may result in recoupment of Home Help payments made to the agency provider. (Refer to the Record Keeping [Availability of Records] Section in the General Information for Providers chapter of this manual for more information.)

8.7.B. APPROVED AGENCY PROVIDERS

To retain approved agency provider status and remain eligible for the approved agency provider rate, agency providers must also adhere to the following operating standard:

8.7.B.1. DIRECT HIRE REQUIREMENT

Approved agency providers must directly employ all agency caregivers and agency employees who work with Home Help clients. Medicaid will not reimburse an agency provider for services that were provided by a contracted agency caregiver. Agency caregivers and agency employees may not subcontract services to someone not directly employed by the agency provider. All agency caregivers and agency employees must be enrolled in CHAMPS and associated to the agency provider prior to providing Home Help services so that a criminal history check is completed.

(Refer to the Agency Provider Approval Process [Removal of Approved Agency Provider Status] Section of this chapter for more information.)

8.8 SERVICE VERIFICATION

Providers must submit service verification monthly to receive payment. The service verification must be submitted on or after the last day services were provided for the month. Failure to submit a service verification within 365 days of the service date will result in non-payment. Providers are responsible for refunding overpayments resulting from the submission of an inaccurate service verification. Service verification may be reported through the following methods:

8.8.A. HOME HELP AGENCY INVOICE (MSA-1904)

The agency provider must use the Home Help Agency Invoice (MSA-1904) to verify authorized services were provided. The MSA-1904 must include an accurate record of the Home Help services that were provided on each day of the billing period. The record must include only the services authorized for the client. A separate MSA-1904 must be submitted for each client served in a billing period. (Refer to the Forms Appendix for a copy of the MSA-1904.)

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Payment is not released until the MSA-1904 has been received and verified by the client's local MDHHS office. (Refer to the Directory Appendix for contact information.) The MSA-1904 can be delivered in person or by fax, U.S. mail, or email.

8.8.B. INDIVIDUAL CAREGIVER SERVICE VERIFICATION

8.8.B.1. ELECTRONIC SERVICE VERIFICATION (ESV)

An individual caregiver with CHAMPS access must verify authorized services provided by submitting an ESV through CHAMPS. The individual caregiver must:

- Submit the ESV monthly. A separate ESV must be submitted for each client served during the month.
- Accurately report the services provided on each day of the month.

In addition to submitting the ESV monthly, the individual caregiver must report any change in services to the client's ASW within 10 business days.

8.8.B.2. PAPER SERVICE VERIFICATION (PSV)

An individual caregiver may be eligible to use a PSV if the following criteria are met:

- There is no computer or internet access in the client and individual caregiver residence(s).
- Internet access is unavailable within 15 minutes of the client and individual caregiver residence(s). The individual caregiver must have a valid reason for being unable to travel to internet access, such as a lack of transportation or an inability to leave the client alone.

In addition to submitting the PSV monthly, the individual caregiver must report any change in services to the client's ASW within 10 business days.

An individual caregiver approved to submit PSVs must request PSV forms from the client's ASW or MDHHS Provider Support Services for Atypical Providers. PSV forms will be mailed to the individual caregiver's correspondence address in CHAMPS.

Each PSV form includes a barcode that corresponds to a service month and year. A PSV submitted for services in the wrong month and year will be rejected. The individual caregiver must contact the client's ASW or MDHHS Provider Support Services for Atypical Providers to request a new PSV. Payment will not be issued until the correct PSV is submitted.

Completed PSVs can be submitted by mail or fax. (Refer to the Directory Appendix for contact information.)

NOTE: PSVs usually take longer than electronic service verifications to receive and process, which may lead to delayed payments.

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8.9 PROVIDER PAYMENTS

Providers must accept the authorized Home Help payment as payment in full. Clients must not be required or solicited to supplement Home Help payments for the same services authorized by MDHHS.

8.9.A. PAYMENT AUTHORIZATION

The client's ASW issues a provider Time and Task that includes a list of tasks the provider is authorized to perform. Payment is authorized based on the provider Time and Task. A provider must not receive payment for time spent on a task beyond what is authorized. With prior approval from the client's ASW, the provider authorization may exceed the provider's Time and Task but may not exceed the client's Time and Task. Any changes to the provider Time and Task must be approved by the client's ASW.

8.9.B. PAYMENT FOR TRAVEL TIME

Providers authorized to assist with shopping or laundry may be eligible for payment for travel time up to:

- Two round trips each week for shopping.
- Two round trips each week for laundry.

Travel time is recorded as a separate item on the provider Time and Task and is in addition to the time authorized for shopping or laundry. Travel time is authorized only when the task is completed away from the client's or caregiver's residence. Payment for travel time cannot exceed the number of authorized trips on the provider Time and Task. The payment does not include the cost of mileage.

The amount allocated for travel time is based on normal, routine travel for the task being performed. Travel time must be incurred in the local area where the client's residence is located.

Travel time will be determined by the ASW at the client's initial comprehensive assessment and will be re-evaluated at each six-month review or when a change is reported. The amount of time approved by the ASW will be based on information obtained from the client and provider. Any change in the amount of travel time required must be reported to the client's ASW within 10 business days.

8.9.C. PAYMENT RATES

Payment rates are published in ASM 138 Individual Caregiver and Agency County Rates, which can be accessed on the Home Help webpage. (Refer to the Directory Appendix for webpage information.)

8.9.C.1. IMPACT OF APPROVAL STATUS ON AGENCY PROVIDER PAYMENT RATE

An agency must be designated an approved Home Help agency provider by MDHHS to be eligible for the agency provider rate. An unapproved agency provider is eligible to

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provide services at the individual caregiver rate. (Refer to the Agency Provider Approval Process [Removal of Approved Agency Provider Status] Section of this chapter for more information.)

8.9.D. INDIVIDUAL CAREGIVER PAYMENTS

8.9.D.1. WARRANTS PAYMENT SYSTEM

Home Help payments are issued as dual-party warrants to the client and individual caregiver and mailed to the client's address. Home Help warrants must only be endorsed by the person(s) listed on the warrant. If the individual caregiver named on the warrant does not provide services or provides services for only a portion of the authorized period, the warrant must be returned.

There are circumstances when a single-party warrant may be issued to the individual caregiver only. For example, a client may be physically or cognitively unable to endorse the warrant. Single-party warrants must be authorized by the client's ASW.

NOTE: All agency provider payments are issued as single-party warrants.

8.9.D.2. GARNISHMENT

Garnishment is a court process that allows a creditor to collect an individual caregiver's debt from the State of Michigan. Single-party warrants are considered earnings to the individual caregiver and are subject to garnishment. Dual-party warrants are considered a benefit to the client and are not subject to garnishment.

NOTE: Recoupment of overpayments for Home Help services is a different process from garnishment. MDHHS recoups overpayments from both single- and dual-party warrants.

8.9.D.3. IRS FORM W-2 WAGE AND TAX STATEMENT (W-2)

On behalf of the client, MDHHS issues a W-2 for the individual caregiver. The W-2 is based on wages paid in a calendar year. If inaccurate earnings have been reported, an individual caregiver can report this fact to the ASW or call MDHHS Provider Support Services for Atypical Providers. (Refer to the Directory Appendix, Provider Assistance, for more information.)

8.9.D.4. FICA TAX WITHHOLDING

As the client's filing agent, the State of Michigan withholds FICA taxes from the wages paid on the client's behalf to the individual caregiver(s). MDHHS pays the amount of FICA tax the client is responsible for and withholds the individual caregiver's portion from the Home Help payment. At the end of the calendar year, the State of Michigan issues a FICA tax rebate warrant to any individual caregiver who earns less than the gross income limit set by the federal government.

FICA tax is not withheld from payments, and the State of Michigan does not pay the FICA tax employer portion, when the individual caregiver is:

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- The client's parent (including a step, adoptive, or foster parent).
- A child between the ages of 18 and 20 providing Home Help services to a parent.

NOTE: The State of Michigan can withhold FICA tax from payments to a parent serving as their child's individual caregiver. An individual caregiver interested in this option should speak with the client's ASW.

A client who is a Medicaid deductible beneficiary is responsible for the FICA taxes on any Home Help provider payments they make to meet their deductible. The State of Michigan does not withhold and pay the employer portion of FICA taxes on these payments. (Refer to the Eligibility [Medicaid Eligibility] Section in this chapter for more information.)

8.10 AGENCY PROVIDER AUDITS

The Home Help Policy Section conducts desk audits of a sample of agency providers each year to monitor compliance with program requirements. The Home Help Policy Section initiates the audit by emailing a letter to the agency provider outlining the required information. The agency provider must submit documents within 30 calendar days of the date of the letter and is encouraged to scan and email documents to the Home Help Policy Section with the subject line of "Home Help Audit". Fax and mail are acceptable; however, confirmation that documents have been received is not available with these options. (Refer to the Directory Appendix for contact information.)

Failure to provide required information by the due date may result in a rate reduction. Failure to provide required information within 60 calendar days results in the agency provider losing its approved status for a minimum of 30 calendar days or until compliance, whichever is longer.

Other authorized areas within MDHHS may also request documents or other records needed for the Home Help program. Agency providers must follow the timelines specified in those requests.

8.11 PROVIDER DISENROLLMENT

8.11.A. VOLUNTARY DISENROLLMENT

A provider may choose to withdraw from participation in the Home Help program. To disenroll, the provider must email the Home Help Policy Section or the Provider Enrollment Unit with notice of intent to disenroll and the date of disenrollment. (Refer to the Directory Appendix for contact information.)

8.11.B. INVOLUNTARY DISENROLLMENT

When MDHHS disenrolls a provider, authorizations for Home Help payments are terminated. Notice is sent to the provider and the local MDHHS office within 10 calendar days of the determination of disenrollment. MDHHS may disenroll a provider who:

- Has been found guilty of Medicaid fraud or client abuse, exploitation, or neglect. **NOTE:** An agency provider may be disenrolled if an agency caregiver or agency employee meets this criterion.

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- Falsifies information in the application documents, provider agreement, quarterly reporting, service verification, or billing.
- Has been convicted of a crime listed as a mandatory or permissive exclusion. **NOTE:** An agency provider may be disenrolled if an agency owner, agency representative/resident agent, or member of the Board of Directors meets this criterion.
- Fails to report changes or update CHAMPS enrollment within 10 calendar days of the change.
- Fails to comply with policies governing the Home Help program.

A provider may be suspended if they are being investigated for fraud, abuse, exploitation, or neglect, pending the outcome of the investigation.

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SECTION 9 – APPEALS

Any questions regarding the following appeal processes should be directed to the Michigan Office of Administrative Hearings and Rules (MOAHR). (Refer to the Directory Appendix, Appeals, for contact information.)

9.1 CLIENT APPEALS

A client may appeal a negative action by requesting an administrative hearing. A provider cannot request an administrative hearing on behalf of a client. (Refer to ASM 150 for more information. A link to the ASM Table of Contents is available in the Directory Appendix.)

9.2 PROVIDER APPEALS

All providers may appeal the following negative actions by requesting an administrative hearing:

- Enrollment suspension.
- Disenrollment.
- Payment recoupment.

Agency providers may also appeal the following negative actions by requesting an administrative hearing:

- Denial of a new agency application.
- Removal of approved agency provider status.
- Reduction in the payment rate.

(Refer to the Provider Appeal Process Section in the General Information for Providers chapter of this manual for more information.)

9.2.A. CURRENT PROVIDERS

MDHHS will inform a provider of a negative action through a negative action notice. The provider may appeal to MOAHR within 30 calendar days of the date on the notice. The provider may continue to provide services during the appeal period if it accepts responsibility for the repayment of funds should the MDHHS decision be upheld. The provider may not accept new clients during the appeal period. During this time, the client continues to have the right to terminate the provider at any time and without cause.

NOTE: The process described above may not reflect actions taken on behalf of MDHHS by the MDHHS Office of Inspector General (OIG). A provider suspended from the Home Help program by OIG cannot operate during the suspension and has 15 calendar days to appeal the OIG decision.

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9.2.B. PROVIDER APPLICANTS

MDHHS will send a notice to the provider applicant that summarizes ineligibility factors identified through screening or evaluation. The provider applicant may appeal to MOAHR within 30 calendar days of the date of the notice. Provider applicants denied enrollment are not eligible to receive MDHHS payments for Home Help services during the appeal period.

HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS

Michigan Department of Health and Human Services

The purpose of this form is to help agency applicants understand and comply with Home Help employment policies. The form contains a subset of the policies that an approved agency provider must follow. For a full list of Home Help policies, see the Home Help chapter in the Michigan Medicaid Provider Manual.

Instructions for Completing this Form

SECTION 1: Enter the agency's full legal name and Employer Identification Number and the first and last name of the person completing the form. The form must be completed by an agency owner or managing employee. For definitions of these terms, see the Common Terms Section of the Home Help chapter in the Michigan Medicaid Provider Manual.

SECTION 2: Review the policies and sign and date this section to affirm your understanding of and agreement to comply with the policies. The signature must be handwritten. If you have questions about the policies, contact the Home Help Policy Section at MDHHS-HHProviderQuestions@michigan.gov.

SECTION 3: Complete this section only if the agency currently employs at least two directly hired agency caregivers other than the agency owner who will provide Home Help services. All the agency's directly hired agency caregivers should be listed. Do not include the agency owner(s). If you need additional space, submit a separate document listing the additional agency caregiver names and CHAMPS provider ID numbers (if available). ***If the agency does not employ a minimum of two directly hired agency caregivers, skip to Section 4.***

SECTION 4: ***Complete this section only if you are unable to complete Section 3.*** In the space provided, briefly summarize the agency's plan for recruiting and directly hiring at least two agency caregivers other than the agency owner.

SUBMISSION INSTRUCTIONS: The completed form should be emailed with agency application documents to MDHHS-HHProviderQuestions@michigan.gov.

DOCUMENT RETENTION REQUIREMENTS: Retain a copy of the completed form in a secure location for seven years after the signature date in Section 2 of the form.

HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS
Michigan Department of Health and Human Services

SECTION 1 – AGENCY APPLICANT INFORMATION

Agency Name	Employer Identification Number
Name of Agency Owner or Managing Employee Completing the Form	

SECTION 2 – ACKNOWLEDGEMENT OF AGENCY PROVIDER EMPLOYMENT POLICIES

By signing below, I affirm I understand and agree to ensure full agency compliance with the following agency provider employment policies:

- Agency caregivers who provide Home Help services must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) as atypical individual providers and associated to the agency prior to providing Home Help services. The date of association must not be earlier than the date the criminal history check was completed.
- An agency caregiver who provides Home Help services must be present during the submission of their CHAMPS enrollment application or complete the MSA-204 Home Help Agency Caregiver Enrollment Authorization form prior to the agency provider enrolling them in CHAMPS.
- Agency employees who have access to client information for the purposes of billing, answering phone calls, or assisting with setting up services for the client must be listed in the agency provider's CHAMPS enrollment in "Step 9: Provider Controlling Interest/Ownership Details" prior to accessing the information.
- The agency provider must directly employ all agency caregivers and agency employees who work with Home Help clients. Agency caregivers and agency employees may not subcontract services to persons who are not directly employed by the agency provider. Medicaid will not reimburse an agency provider for services that were provided by a contracted agency caregiver.
- The agency provider must directly employ a minimum of two agency caregivers, not including the owner, who provide services through the Home Help program and regularly receive a monthly paycheck.
- The agency owner(s) must ensure all agency caregivers and agency employees who work with Home Help clients know and comply with Home Help policy.
- When MDHHS determines it paid for services provided by one or more agency caregivers and/or agency employees who were not in compliance with Home Help policy, MDHHS will recoup the overpayments from the agency provider.

Agency Owner or Managing Employee Signature

Date Signed

Section 3 – CURRENT AGENCY CAREGIVERS

Complete this section only if the agency currently employs two directly hired agency caregivers **other than the agency owner** who will provide Home Help services. If the agency does not meet this staffing level, skip to Section 4. See the instructions page for more guidance on completing this section.

Names of Directly Hired Agency Caregivers	Provider ID Numbers (If available)

Section 4 – AGENCY CAREGIVER RECRUITMENT PLAN

Complete this section only if the agency is unable to list directly hired agency caregivers in Section 3 of this form. See the instructions page for more guidance on completing this section.

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.