

## MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Lori Brown

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

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Initial

Public Comment

Final

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**Brief description of policy:**

The proposed policy allows payment for Home Help services provided on the Home Help client's hospital admission date if the services were provided before the time the Home Help client was admitted to the hospital. The policy will be issued with the new BPHASA-2207 Home Help Billing for Hospital Admission Date form, which Home Help providers must use to document the time when services were provided. MDHHS will issue payment when the time span on the form occurs before the time the Home Help client was admitted to the hospital.

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

To enable Home Help providers to bill for services the Home Help client needs prior to hospitalization.

**Budget implication:**

budget neutral

will cost MDHHS \$ 306,598, and is not 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?**

Adult services staff in local MDHHS offices will need to develop and adopt procedures to process the BPHASA-2207. Some of the workload increase may be offset by a reduction in recoupments and BPHASA administrative staff support.

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

No.

**Summary of input:**

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

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**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:

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<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2232-HH	<b>Date:</b> October 11, 2022

**Comments Due:** November 15, 2022

**Proposed Effective Date:** February 1, 2023

**Direct Comments To:** Lori Brown

**Address:**

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**Fax:**

<p><b>Policy Subject:</b> Home Help Payments on the Date of Hospital Admission</p> <p><b>Affected Programs:</b> Medicaid, Healthy Michigan Plan</p> <p><b>Distribution:</b> Home Help Providers</p> <p><b>Summary:</b> This policy allows payment for Home Help services provided on the Home Help client's hospital admission date if the services were provided before the time the Home Help client was admitted to the hospital. The policy will be issued with the new BPHASA-2207 Home Help Billing for Hospital Admission Date form, which Home Help providers must use to document the time when services were provided. MDHHS will issue payment when the time span on the form occurs before the time the Home Help client was admitted to the hospital.</p> <p><b>Purpose:</b> To enable Home Help providers to bill for services the Home Help client needs prior to hospitalization.</p> <p><b>Cost Implications:</b> Estimated annual increase in Home Help payments of approximately \$306,600.</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> MDHHS will need to recoup a Home Help payment made before hospitalization data was reported if the time of the Home Help client's hospital admission overlaps with the time span reported on the Home Help provider's BPHASA-2207. A Home Help provider may appeal the recoupment.</p>
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<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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<b>Tribal Notification:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - <b>Date:</b>
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<b>THIS SECTION COMPLETED BY RECEIVER</b>
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<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  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Home Help Providers

**Issued:** January 1, 2023 (Proposed)

**Subject:** Home Help Payments on the Date of Hospital Admission

**Effective:** February 1, 2023 (Proposed)

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

Effective February 1, 2023, a Home Help provider may receive payment for services provided on the Home Help client's hospital admission date if the Home Help provider:

- Provided the services on or after February 1, 2023.
- Provided the services before the time the Home Help client was admitted to the hospital.
- Records the services provided on the service verification.
  - **NOTE:** The MSA-1904 Home Help Agency Invoice is the Home Help agency provider's service verification. The Home Help individual caregiver's service verification is either the Electronic Service Verification or the Paper Service Verification.
- Submits a completed, signed and dated BPHASA-2207 Home Help Billing for Hospital Admission Date form to the Home Help client's adult services worker (ASW) or local MDHHS office as soon as possible after learning the Home Help client was admitted to a hospital but no later than 365 days from the date of service.

If the BPHASA-2207 is approved, payment will be based on the total amount of authorized time for the tasks documented on the Home Help provider's service verification. It will not be based on the time in and time out documented on the BPHASA-2207.

## **Submitting the BPHASA-2207 With the Service Verification**

Effective with Home Help services provided on or after February 1, 2023, the Home Help provider may send the BPHASA-2207 to the client's adult services worker (ASW) or local MDHHS office when they submit the service verification. The Home Help provider may submit the BPHASA-2207 any time after the Home Help client's hospital admission date but no later than 365 days later. The BPHASA-2207 may be submitted in person or by fax, U.S. mail, or email.

- Home Help agency providers may send the BPHASA-2207 with the MSA-1904 Home Help Agency Invoice.
- Home Help individual caregivers who use the Community Health Automated Medicaid Processing System (CHAMPS) Electronic Service Verification (ESV) will need to send the BPHASA-2207 to the client's ASW or local MDHHS office after they submit the ESV.
- Home Help individual caregivers who use the Paper Service Verification (PSV) must send the BPHASA-2207 separately from the PSV. The fax number and mailing address on the PSV will not route the BPHASA-2207 to the client's local MDHHS office.

**NOTE:** Hospitalization data is not always available when the Home Help client's ASW processes payment. If MDHHS finds that the time span on the BPHASA-2207 overlaps with the time the hospital reports the Home Help client was admitted to the hospital, MDHHS may recoup the portion of the Home Help payment for this day of service.

### **Submitting the BPHASA-2207 After the Service Verification**

A Home Help provider that did not submit the BPHASA-2207 with the service verification may still receive payment for services provided on the Home Help client's hospital admission date if:

- The services are recorded on the service verification.
- The Home Help provider completes and submits the BPHASA-2207 within 365 days of the date of service. **NOTE:** The service date must be on or after February 1, 2023.
- The time the services were provided does not overlap with the time the Home Help client was admitted to the hospital.

### **Changes to the Home Help Recoupment Process**

Currently, ASWs receive a monthly report with the dates and times Home Help clients were admitted to a hospital. ASWs use the report to recoup payment for services provided on the Home Help client's hospital admission date.

Effective for services provided on or after February 1, 2023, MDHHS will send the BPHASA-2207 to Home Help providers listed on the hospitalization report in the month before recoupments begin. MDHHS will mail the BPHASA-2207 to the Home Help provider's correspondence address in the Community Health Automated Medicaid Processing System (CHAMPS). The Home Help provider can also download a fillable copy of the BPHASA-2207 from the Home Help webpage at [www.michigan.gov/homehelp](http://www.michigan.gov/homehelp).

**The Home Help provider should return the completed, signed and dated BPHASA-2207 to the Home Help client's ASW or local MDHHS office before the first of the month following the date MDHHS sent the form. Otherwise, MDHHS will recoup payment for services provided on the Home Help client's hospital admission date.**

If the Home Help provider is unable to return the BPHASA-2207 in time to avoid recoupment, they may be eligible for repayment of recouped funds. The Home Help provider has 365 days from the Home Help client's hospital admission date to submit a completed, signed and dated BPHASA-2207 to the Home Help client's ASW or local office.

Michigan Department of Health and Human Services  
**HOME HELP BILLING FOR HOSPITAL ADMISSION DATE**

**Instructions for Completing and Submitting this Form**

A Home Help provider may be eligible for payment for services provided on the day the Home Help client is admitted to a hospital. The services must be provided before the time the Home Help client was admitted to the hospital. The purpose of this form is to document the date and time services were provided. **In addition to submitting this form, the Home Help provider must record the tasks they provided on their service verification (i.e., the Electronic Service Verification, Paper Service Verification, or MSA-1904 Home Help Agency Invoice).**

**SECTION 1:** Enter the Home Help client's first and last name and Medicaid identification (ID) number.

**SECTION 2:** Enter the Home Help provider's name and Community Health Automated Medicaid Processing System (CHAMPS) provider ID number. If the form is completed by a Home Help individual caregiver employed by the Home Help client, enter the individual caregiver's first and last name. If the form is completed by a Home Help agency provider, enter:

- The name of the agency.
- The agency's CHAMPS provider ID number.
- The first and last name of the agency caregiver who provided services to the Home Help client on the hospital admission date.
- The agency caregiver's CHAMPS provider ID number.

**SECTION 3:** Enter the date the Home Help client was admitted to the hospital, the time Home Help services began, and the time Home Help services ended. Times must be recorded in an hh:mm format and either "AM" or "PM" must be checked.

**SECTION 4:** The Home Help provider must sign and date this section to affirm they have read, understood, and agree with the attestation. The signature must be handwritten. This section can only be signed by a Home Help individual caregiver employed by the Home Help client or an authorized Home Help agency representative. An authorized agency representative is an individual who is authorized to act on behalf of the agency owner.

**SUBMISSION INSTRUCTIONS:** Email, mail, fax, or drop off the form to the Home Help client's adult services worker or local MDHHS office. To be eligible for payment, the form must be submitted within 365 days of the Home Help client's hospital admission date.

**DOCUMENT RETENTION REQUIREMENTS:** Retain a copy of the completed form in a secure location for seven years after the signature date in Section 4 of the form.

**HOME HELP BILLING FOR HOSPITAL  
ADMISSION DATE**

Michigan Department of Health and Human  
Services

Case Log Number
Local MDHHS Office
Adult Services Worker Name

**SECTION 1 – Home Help Client Information**

Home Help Client Name	Medicaid ID Number

**SECTION 2 - Home Help Provider Information**

Individual Caregiver or Agency Provider Name	Provider ID Number
<b>For Agency Providers Only:</b>	
Name of Agency Caregiver Who Provided Services	Provider ID Number

**SECTION 3 – Date and Time Home Help Services Were Provided**

Date of Hospital Admission	Time Home Help Services Began		Time Home Help Services Ended			
	hh:mm	AM <input type="checkbox"/>	PM <input type="checkbox"/>	hh:mm	AM <input type="checkbox"/>	PM <input type="checkbox"/>

**NOTE: TO BE ELIGIBLE FOR PAYMENT, THE SERVICES PROVIDED ON THIS DATE MUST BE RECORDED ON THE HOME HELP PROVIDER’S SERVICE VERIFICATION.**

**SECTION 4 – Attestation**

By signing below, I attest that the information above is accurate and true, and I provided the services recorded on the service verification (e.g., the MSA-1904 Home Help Agency Invoice, Electronic Service Verification or Paper Service Verification) before the time the Home Help client was admitted to the hospital. I understand that misrepresentation of services provided is fraud and may be subject to provider suspension or termination from Medicaid programs, full repayment of funds fraudulently obtained, and criminal conviction that may result in a fine of up to \$50,000 and a prison sentence of four to ten years for each count.

Individual Caregiver or Authorized Agency Representative Signature	Date Signed

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility.

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