
INTRODUCTION

The items in this section may apply to both individual and agency providers. For additional policy and procedures regarding home help agency providers see ASM 136, Agency Providers.

PROVIDER SELECTION

The client has the right to choose his or her home help provider(s). The client is the employer and may terminate the provider's employment at any time. Home help services are a benefit to the client and earnings for the provider.

Home help services **cannot** be paid to:

- A responsible relative (spouse caring for a spouse or a parent caring for a minor child).

Note: Individuals who are separated from their spouse must provide verification that he or she is no longer residing in the same home (responsible relatives must be unable or unavailable in order for the client to be eligible to receive home help). Verification may include their driver's license, rent receipt or utility bill reflecting their separate mailing address. A spouse who is separated from a spouse **cannot** be the individual paid to provide home help.

- A minor (17 and under).
- Fiscal Intermediary (FI).

Note: Fiscal intermediary services is defined by Community Mental Health (CMH) as services that assist the client in meeting their goals of community participation and integration, independence or productivity, while controlling the client's individual budget and choosing staff who will provide the services and supports identified in the individual plan of service. The fiscal intermediary facilitates the employment of service providers and is **not** the provider of direct hands on care services.

Home help providers who also provide day-care services must **not** provide both services concurrently; see BEM 704, CDC Providers.

Example: Home help services cannot be provided from 8:00 a.m. until 10:00 a.m., if the provider is also providing day-care services during that time frame.

An individual providing home help services cannot simultaneously be a recipient of home help services.

PROVIDER CRITERIA

The determination of provider criteria is the responsibility of the adult services specialist. Determine the provider's ability to meet the following **minimum** criteria during a face-to-face interview with the client **and** the provider:

Age

The provider must be 18 years and older.

Ability

- To follow instructions and home help program procedures.
- To perform the services required.
- To handle emergencies.

Physical Health

The provider's health must be adequate to perform the needed services.

Knowledge

The provider must know when to seek assistance from appropriate sources in the event of an emergency.

Personal Qualities

The provider must be dependable and able to meet job demands.

Criminal History Screen

All individual home help providers must undergo a criminal history screen prior to providing home help services.

Note: Criminal history screens for home help providers are conducted by the MDHHS Provider Enrollment unit and **not** by staff at the local office. Adult services staff **must only** utilize LEIN

information in the course of an APS investigation. Use of LEIN in any other adult services program is **prohibited**.

Training

The provider must be willing to participate in available training programs if necessary.

Note: Home help payment may be terminated if the provider fails to meet any of the provider criteria.

PROVIDER INTERVIEW

An initial face-to-face interview must be completed with the home help provider. A face-to-face or phone contact must be made with the provider at the six month review or redetermination to verify services are being furnished. The specialist must document the contact in ASCAP by selecting 'Face-to-Face with Provider' under the contact module.

The provider must present a picture identification (ID) card that includes his/her name and a social security card during the interview.

Note: Picture ID may include driver's license/state ID, passport or employee ID. Expired IDs are acceptable as long as identity can be verified by the adult services specialist.

Explain the following points to the client and the provider during the initial interview:

- Home help services are a benefit to the client and earnings to the provider.
- The provider is employed by the client **not** the State of Michigan.
- As the employer, the client has the right to hire and fire the provider.
- The provider must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) and undergo a criminal history screen. The screening must be completed and passed before a provider can be paid to provide home help services.

- The provider must keep their contact information up-to-date in CHAMPS; see Provider Change of Address in this item.
- The home help program is funded by Medicaid and payments will not be authorized by the department if the client's Medicaid eligibility is inactive.
- A provider who receives public assistance **must** report all income received as a home help provider to their family independence specialist or eligibility specialist.
- The provider cannot be paid if the client is unavailable; including but not limited to hospitalizations, nursing home or adult foster care (AFC) admissions.

Note: Home help services cannot be paid the day a client is admitted into the hospital, nursing home or AFC home but can be paid the day of discharge.

- The client and/or provider is responsible for notifying the adult services specialist within **10 business days** of any change; including but not limited to hospitalizations, nursing home or adult foster care admissions.
- The client and/or provider is responsible for notifying the adult services specialist within **10 business days** of a change in provider or discontinuation of services. Payments must **only** be authorized to the individual/agency providing approved services.
 - Home help warrants can **only** be endorsed by the individual(s) listed on the warrant.
 - Home help warrants are issued only for the individual/agency named on the warrant as the authorized provider.
 - If the individual named on the warrant does not provide services or provides services for only a portion of the authorized period, the warrant must be returned.

Note: Failure to comply with any of the above **may** be considered fraudulent or require recoupment.

- Any payment received for home help services **not** provided must be returned to the State of Michigan.

- Accepting payment for services not rendered is fraudulent and could result in criminal charges.
- The provider must submit an electronic services verification (ESV) monthly to confirm home help services were provided.

Exception: Individuals who are unable to submit a service verification electronically must submit a paper service verification (PSV) form monthly.

- Home help warrants are issued as dual party and mailed to the client's address.

Exception: There are circumstances where payment to the provider only is appropriate, for example, client is physically or mentally unable to endorse the warrant. Authorizations to home help agency providers are payable to the provider only.

- **All** earned income must be reported to the IRS; see www.irs.gov.
- No federal, state or city income taxes are withheld from the warrant.
- Social security and Medicare tax (FICA) **are** withheld from individual provider home help warrants.
- Parents who are caring for an adult child do **not** have FICA withheld.

Note: Parents who wish to have FICA withheld must be assigned in ASCAP as other relative in the Provider Assignment screen.

- **All** individual providers will receive a W-2.
- Agency providers will receive a 1099.
- The client **and** provider **must** sign the MSA-4676, Home Help Services Statement of Employment, before payments are authorized.

Note: Providers determined to be a business/agency are exempt from signing the MSA-4676.

**PROVIDER
ENROLLMENT**

All providers of home help must enroll in the Community Health Automated Medicaid Processing System (CHAMPS) and be approved prior to authorizing payment. During the enrollment process, individuals will be screened for criminal history. Once a provider is approved, CHAMPS will assign the provider a seven digit identification number. The adult services specialist must allow 24 hours from the completion of enrollment in CHAMPS to interface with ASCAP.

**Terms and
Conditions**

Home help providers are required to agree to a list of terms and conditions during the electronic enrollment process. The terms and conditions **replace** the requirement for the provider to complete and sign the MSA-4678, Medical Assistance Home Help Provider Agreement.

Exception: Providers who are unable to enroll in CHAMPS electronically must complete and sign the MSA-4678.

Manual Enrollment

Individuals who are unable to enroll into CHAMPS electronically must be assisted by the adult services specialist. The specialist will assist in the enrollment process by doing the following:

- Completes the DHS-2351X, Provider Enrollment/Change Request.
- Has the provider complete and sign the MSA-4678, Medical Assistance Home Help Provider Agreement.
- Forwards the DHS-2351X and MSA-4678 to the MDHHS Provider Enrollment Unit via ID mail to:

MDHHS Provider Enrollment Unit
P. O. Box 30437
Lansing, Michigan 48909

OR

Scan and email to MSA-HomeHelpProviders@michigan.gov

OR

Fax to 517-373-2382

The provider enrollment unit will notify the adult services specialist via email once the provider is enrolled in CHAMPS.

Provider Address Changes in CHAMPS

CHAMPS identifies the following address types:

- **Location address** refers to the physical location where the home help provider resides.
- **Correspondence address** refers to where the home help provider's mail is delivered. The correspondence address could be the same as the location address or it could be different (for example, a post office post).

Note: W-2's are mailed to the correspondence address.

- **Primary pay to address** refers to the address a single party warrant is mailed to.

The location address and correspondence address can be updated in CHAMPS by the provider. However, the primary pay to address can **only** be updated in CHAMPS by the MDHHS Provider Enrollment (PE) unit. Providers must submit a written request to:

MDHHS Provider Enrollment Unit

P.O. Box 30437

Lansing, MI 48909

OR

Scan and email to MSA-HomeHelpProviders@michigan.gov.

OR

Fax to 517-373-2382

CRIMINAL HISTORY SCREENING

Individuals who wish to provide personal care services through the Medicaid home help program must undergo a criminal history screen during the enrollment process in CHAMPS. The screening must be completed and passed by MDHHS provider enrollment before payment can be authorized.

Individuals with certain excludable convictions may not be approved to provide home help. Excludable convictions fall into two general categories. Mandatory exclusions are those set forth in the Social Security Act (42 USC 1320a-7[a]). Permissive exclusions are

felony convictions identified but not limited to the crimes listed in MSA Bulletin 14-40.

An individual or entity is considered to be convicted of a criminal offense when:

- A judgment of conviction has been entered against the individual or entity by a federal, state or local court, regardless of whether there is an appeal pending or whether the judgment of conviction or other record relating to criminal conduct has been expunged.
- A finding of guilt against the individual or entity by a federal, state, or local court.
- A plea of guilty or nolo contendere by the individual or entity has been accepted by a federal, state, or local court.
- An individual or entity that has entered into participation in a first offender, deferred adjudication, or other arrangement or program where judgment of conviction has been withheld.

Mandatory Exclusions

Individual providers must be screened for and must disclose the following excludable convictions as required by the state of Michigan. Any person found to meet one of these four categories is **prohibited** from participating as a service provider for the home help program. The four mandatory exclusion categories are listed in MSA Bulletin 14-31 and are as follows:

1. Any criminal convictions related to the delivery of an item or service under Medicare (Title XVIII), Medicaid (Title XIX) or other state health care programs.
2. Any criminal convictions under federal or state law, relating to neglect or abuse of patients in connection with the delivery of a health care item or service.
3. Felony convictions **occurring after August 21, 1996**, relating to an offense, under federal or state law, in connection with the delivery of health care items or services or with respect to any act or omission in a health care program (other than those included in number one above) operated by or financed in whole or in part by any federal, state, or local government agency, of a criminal offense consisting of a felony relating to

fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.

4. Felony convictions occurring after August 21, 1996, under federal or state law, related to **unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.**

Permissive Exclusions

Permissive exclusions are felony convictions beyond the four mandatory exclusions. Individual providers are denied enrollment based on permissive exclusions identified in MSA Bulletin 14-40 unless the client signs an Acknowledgement of Provider Selection form stating he or she wishes to retain the provider.

Acknowledgement of Provider Selection

A client may choose to select a provider who has been determined ineligible as a result of a permissive exclusion identified through the criminal history screening process. The client must sign an Acknowledgement of Provider Selection form in order to hire a provider with a permissive exclusion.

The client's signature acknowledges he or she has been informed of the criminal offense (s) and continues to choose the individual to provide services. The effective start date for the selected provider is the date the client signs the acknowledgement form. The specialist **must not** authorize payment prior to the signature date on the acknowledgment form.

Note: If a provider with a permissive exclusion desires to work for multiple clients, an Acknowledgement of Provider Selection form must be signed by **each** client. The approved date of payment is based on the date the client signed the acknowledgement form.

The Acknowledgement of Provider Selection form **cannot** be applied to the federally mandated exclusions.

Procedures

Refer to the Criminal History Screening Process on the adult services home page for processes and procedures.

LEIN

Criminal history screens for home help providers are conducted during the CHAMPS enrollment process and **not** by staff at the local office. Adult services staff **must only** utilize LEIN information in the course of an APS investigation. Use of LEIN in any other adult services program is **prohibited**.

Any inappropriate access, use or disclosure of LEIN information will result in disciplinary action. For information regarding penalties for improper use and release of LEIN information, see ASM 264.

**HOME HELP
STATEMENT OF
EMPLOYMENT
(MSA-4676)**

The purpose of the MSA-4676, Home Help Services Statement of Employment, is to serve as an agreement between the client and provider which summarizes the general requirements of employment. The form is completed by the adult services specialist as part of the provider interview process.

An employment statement must be signed by **each** provider who renders service to a client.

The statement of employment does the following:

- Confirms an understanding of the personal care services provided, how often services are provided, and wages to be paid.
- Requires positive identification of the provider by means of a picture ID and social security card.
- Documents an understanding by both parties that the client, not the State of Michigan, is the employer of the provider.
- Stipulates that the client must report any changes to the adult services specialist within 10 business days.
- Requires the provider to repay the State of Michigan for services he or she did not provide.
- Informs a provider receiving public assistance that this employment must be reported to the Michigan Department of Health and Human Services.

- Requires the client and provider to sign the MSA-4676 statement indicating their understanding of the terms of the agreement.

Distribution of Employment Statement

The adult services specialist will make **two copies** of the completed and signed form and distribute as follows:

- Give one copy to the client.
- Give one copy to the provider.
- Place the **original** form in the client's case record.

ELECTRONIC SERVICES VERIFICATION (ESV)

Individual home help providers are required to submit an electronic services verification (ESV) through the Community Health Automated Medicaid Processing System (CHAMPS) each month. The ESV lists the activities of daily living (ADL) and instrumental activities of daily living (IADL) approved by the specialist.

The adult services specialist accesses CHAMPS to view the submission of an electronic services verifications.

Individual home help providers with questions on how to submit an ESV should be referred to the MDHHS Home Help website at www.michigan.gov/homehelp or call the Provider Support hotline at 1-800-979-4662.

The electronic services verification (ESV) replaces the DHS-721, Personal Care Services Provider Log.

PAPER SERVICES VERIFICATION (PSV)

A paper service verification (PSV) form is available as an **exception** for individual providers who are unable to submit an electronic services verification. Providers eligible for this exception must meet the following criteria:

- The individual providing care does **not** have access to a computer.
- The individual providing care does **not** have access to the internet.

- Internet access is unavailable within 15 minutes of where the client or provider resides and the provider has a valid reason, such as lack of transportation or unable to leave the client alone.
- Provider lives in a rural area where internet is scarce or non-existent.

The adult services specialist can generate the paper services verification (PSV) form through CHAMPS, along with a cover sheet and instructions for completing the PSV. Providers are required to return the form monthly to the following mailing address located on the cover letter:

MDHHS Adult Home Help
P.O. Box 26007
Lansing, Michigan 48909
OR
Fax to 517-763-0111

Note: Individual home help providers must be instructed not to submit PSVs for future months as these will not be accepted.

The PSV will be scanned and stored in CHAMPS and the specialist has the ability to view the PSV for accuracy.

The paper services verification form generated in CHAMPS replaces the DHS-721, Personal Care Services Provider Log.

SERVICE VERIFICATIONS TIED PAYMENTS

Individual home help providers must submit an Electronic Services Verification (ESV) or a Paper Services Verification (PSV) each month in order to receive payment. An ESV or PSV must be submitted starting the first day of the following month after the service period before a warrant is generated.

Note: A payment authorization must be on ASCAP in order for an ESV to be displayed in CHAMPS or for a PSV to be generated from CHAMPS.

**MEDICAL
ASSISTANCE HOME
HELP PROVIDER
AGREEMENT (MSA-
4678)**

Federal regulations require that all providers of Medicaid covered services complete and sign a provider agreement. This agreement states providers will abide by Medicaid policies in providing services to program clients and in receiving payment from the program.

Providers who electronically enroll in CHAMPS meet this requirement by agreeing to a list of terms and conditions. Providers who are unable to enroll electronically **must** complete and sign the MSA-4678.

The specialist must forward the completed and signed agreement to the Provider Enrollment unit. Refer to the Manual Enrollment section previously mentioned in this item.

**LOCAL OFFICE
INDIVIDUAL HOME
HELP PROVIDER
HOURLY RATE**

Each local MDHHS office has an established individual home help provider rate. Specialists must **not** authorize above or below the established county rate. For the list of individual and agency hourly rates, see ASM 138, County Rates.

**PROVIDER
INCOME
VERIFICATION**

Requests received by the local office for verification of provider income or employment should be forwarded to MDHHS Provider Support hotline at 1-800-979-4662.