EFFECTIVE

July 1, 2004.

SUBJECT

Policy changes in the Home Help Program.

Note: The policy in this bulletin replaces policy released in ASB Interim Bulletin 2004-002, that has been rescinded. All of the policy changes contained in this bulletin are effective **July 1, 2004**.

PURPOSE

This bulletin identifies the ILS home help services policy changes for:

- Instrumental Activities of Daily Living(IADL) maximum number of hours per month.
- The Medical Needs(FIA-54A) eligibility and redetermination requirements.
- Identification of those medical professional authorized to certify medical need.
- Provider rate information.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING(IADLS)

The following IADL's are limited to a maximum number of hours per month:

- 5 hours per month for shopping
- 6 hours per month for light housework
- 7 hours per month for laundry
- 25 hours per month for meal preparation

The IADL "shopping and errands" has been renamed as "shopping". Shopping is limited to occasional trips within the local area for the purpose of obtaining food, medical necessities, and household items required specifically for the health and maintenance of the customer.

ELIGIBILITY

Initial certification

Home help services are only available to Medicaid customers who are identified as medically and/or physically disabled, or cognitively impaired, by a Medicaid enrolled medical professional. The medical need for personal care services must be documented on a FIA-54A by one or more of the following:

Medical Professional Definition

- physician
- nurse practitioner
- physical therapist
- occupational therapist

The medical professional's Medicaid identification number must be entered on the FIA-54A.

Redetermination

A FIA-54A must be completed annually by any of the medical professionals listed above. The updated FIA-54A must be submitted to the FIA Adult Services Specialist as part of the redetermination process.

PROVIDER RATES

Provider rates continue to be frozen at the June 1, 2003 levels for individual and agency providers. The home help rate freeze will be in effect until further notice. Local FIA offices must adhere to their currently established rate(s).

Any exception to authorize a rate greater than the locally established provider rate must be submitted to:

Michigan Department of Community Health
Medical Services Administration,
Long Term Care Systems Development Section
P.O. Box 30479
Lansing, MI 48909-7979

All rate exception requests must include the following:

- Description of the customer's assessed complex care needs
- Description of the specialized training the provider has received from a clinical practitioner in order to meet the customer's complex care needs
- The name and telephone number(s) of provider(s) contacted to provide care
- Current ASCAP assessment
- Current Reasonable Time and Task schedule from ASCAP
- Description of the strategy being used to find alternate lower cost provider (s).

Note: MDCH authorized rate exceptions will be short term in nature. Continued review and follow-up by the Adult Services Specialist will need to occur.

HOME HELP AGENCIES

A Home Help Service Provider is considered an agency when one of the following criteria are met:

- Is a Medicaid enrolled Home Health Agency; **or**
- Has or has applied for, a tax identification **AND** employs or (sub) contracts with two (2) or more persons to provide home help services.

Note: This definition replaces any previous definition and will be updated in the manual in the October 2004 release.

FISCAL INTERMEDIARY

The definition of a Fiscal Intermediary was rescinded in ASB 2004-002 Bulletin and will be removed from ASM 363 page 20 in the October 2004 release.

ELIGIBILITY REQUIREMENT

The Activity of Daily Living (ADL) requirement for home help eligibility has been rescinded in ASB 2004-002 Bulletin and will be

removed from ASM 362 page 2 and ASM 363 pages 3 & 4 the in the October 2004 release.

ONLINE MANUALS

Adult Services Manual (ASM) pages will be updated in the October, 2004 release.

MANUAL MAINTENANCE INSTRUCTIONS