OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) administers the Home Help program and provides personal care services to individuals who need hands-on assistance with activities of daily living (ADLs) and assistance with instrumental activities of daily living (IADLs). The items in this section may apply to both individual caregivers and agency providers for MDHHS. For additional policies and procedures regarding Home Help agency providers, see ASM 136, Agency Providers.

CAREGIVER SELECTION

The client has the right to choose their Home Help caregiver(s). The client is the employer and may terminate the caregiver's employment at any time. Home Help services are a benefit to the client and earnings for the caregiver.

Do **not** pay Home Help services to:

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

  Note: Individuals who are married, but separated from their spouse, must provide verification that they are no longer residing in the same home (responsible relatives must be unable or unavailable for the client to be eligible to receive Home Help services). 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 services.

- A minor (17 and under).

- Fiscal intermediary (FI).

  Note: Fiscal intermediary services are 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 individual caregivers and is **not** the provider of direct hands-on care services.

- Guardians with a permissive exclusion cannot be the paid individual caregiver of the client. Therefore, guardians cannot sign their own MSA-119, Personal Choice and Acknowledgement of Provider Selection, form.

  Note: Adult services workers and affected guardians will receive written notification of the findings and granted a 60-day grace period before action is taken toward termination.

Home Help individual caregivers who also provide day care services must **not** provide both services concurrently; see BEM 706, CDC Payments.

Example: Do not authorize Home Help services from 8:00 a.m. until 10:00 a.m., if the individual caregiver is also providing day care services during that time.

An individual providing Home Help services cannot simultaneously be a recipient of Home Help services.

CAREGIVER CRITERIA

The determination of a caregiver's criteria is the responsibility of the adult services worker (ASW). Determine the caregiver's ability to meet the following **minimum** criteria during an in-person face-to-face interview with the client **and** the caregiver:

Age

The caregiver 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 caregiver’s health must be adequate to perform the needed services.

Knowledge

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

Personal Qualities

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

Criminal History Screen

All Home Help individual caregivers must undergo a criminal history screen prior to providing personal care services.

Note: The MDHHS Provider Enrollment unit, **not** local office staff, conducts criminal history screens for Home Help individual caregivers. Adult services workers ***must only*** use Law Enforcement Information Network (LEIN) information during an APS investigation. Use of LEIN in any other adult services program is **prohibited**; see SRM 700, Law Enforcement Information Network (LEIN) and SRM 701, Law Enforcement Information Network (LEIN) Use, System & Security Policy.

Training

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

Note: The Home Help payment may be terminated if the individual caregiver fails to meet any of the caregiver criteria.

CAREGIVER INTERVIEW

The ASW must complete an initial in-person face-to-face interview with all Home Help caregiver(s). The ASW must make an in-person face-to-face or phone contact with the caregiver(s) at the six-month review to verify receipt of services. If the last review was a phone contact, an in-person face-to-face contact with the caregiver is mandatory for the next review. The ASW must document the contact in MiAIMS by selecting 'face-to-face-provider' as the contact type and indicating that the contact is an SOP contact, under the *Contacts* module.

The caregiver must present a picture identification (ID) card that includes their name for verification. The picture ID may include driver's license/state ID, passport, or employee ID. Expired IDs are acceptable if the adult services worker can verify identity.

Explain the following points to the client and the caregiver(s) during the initial interview:

- Home Help services are a benefit to the client and earnings to the caregiver.
- The client employs the individual caregiver, **not** the State of Michigan.
- As the employer, the client has the right to hire and fire the caregiver.
- The caregiver 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 caregiver must keep their contact information up to date in CHAMPS; see caregiver address changes in this item.
- Medicaid funds the Home Help program and will not authorize payments if the client's Medicaid eligibility is inactive.
- A caregiver who receives public assistance **must** report all income received as a Home Help caregiver to their family independence specialist (FIS) or eligibility specialist (ES).
- Do **not** pay for Home Help services if the caregiver is incarcerated.
- The client and/or individual caregiver is responsible for notifying the ASW within **10-business days** of any change; including but not limited to hospitalizations, nursing home, or adult foster care admissions.
- The client and/or individual caregiver is responsible for notifying the ASW within **10-business days** of a change in individual caregiver or discontinuation of services. Payments must **only** be authorized to the individual/agency providing the 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 caregiver.
- If the individual/agency 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 individual caregiver must submit an electronic services verification (ESV) monthly to confirm Home Help services were provided.

  Exception: Individual caregivers who are unable to submit a service verification electronically must submit a paper service verification (PSV) form monthly.
- Individual caregivers must also submit an Electronic Visit Verification (EVV), see ASM 143, Electronic Visit Verification for more information.
- Home Help warrants are issued as dual-party and mailed to the client's address.

  Exception: There are circumstances where a single-party warrant to the individual caregiver only is appropriate, for example, the client is physically or cognitively unable to endorse the warrant. Authorizations to Home Help agency providers are payable to the provider only (single-party).
- Report **all** earned income 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 caregiver 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 MiAIMS as 'other relative' in the provider assignment screen.

- **All** individual caregivers will receive a W-2.
- Agency providers will receive a 1099.
- The client **and** individual caregiver and/or agency provider **must** sign the MSA-4676, Home Help Services Agreement, **before authorizing payment**.

CAREGIVER ENROLLMENT

All caregivers 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 caregiver is approved, CHAMPS will assign the caregiver a seven-digit provider identification number. The ASW must allow 24 hours from the completion of enrollment in CHAMPS for the data to interface with MiAIMS.

Terms and Conditions

Home Help caregivers must agree to a list of terms and conditions during the electronic enrollment process in CHAMPS. The terms and conditions **replace** the requirement for the caregiver to complete and sign the MSA-4678 Medical Assistance Home Help Provider Agreement.

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

Manual Enrollment

The adult services worker (ASW) must help individuals who are unable to enroll in CHAMPS. The ASW will assist in the enrollment process by doing the following:

- Complete the DHS-2351X, Provider Enrollment/Change Request.

- Have the individual caregiver complete and sign the MSA-4678, Medical Assistance Home Help Provider Agreement.
- Forward the DHS-2351X and MSA-4678 to the MDHHS Provider Enrollment unit via ID mail to:

  MDHHS Provider Enrollment Unit
  P. O. Box 30238
  Lansing, Michigan 48909
  OR
  Email to MSA-HomeHelpProviders@michigan.gov
  OR
  Fax to 1-517-241-4160

The Provider Enrollment unit will notify the adult services worker via email once the individual caregiver is enrolled in CHAMPS.

Caregiver Address Changes in CHAMPS

CHAMPS identifies the following address types:

- ***Location address*** refers to the physical location where the Home Help caregiver resides.
- ***Correspondence address*** refers to the location where the Home Help caregiver'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 box).

  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 caregiver can update the location address and correspondence address in CHAMPS. However, **only** the MDHHS Provider Enrollment (PE) unit can update the primary pay to address in CHAMPS. Caregivers must submit a written request to:

MDHHS Provider Enrollment Unit
P.O. Box 30238
Lansing, MI 48909
OR
Email to MSA-HomeHelpProviders@michigan.gov.
OR

Fax to 1-517-241-4160

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 the MDHHS Provider Enrollment unit 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 19-03, Provider Enrollment Fitness Criteria.

An individual or entity is 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 caregivers 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 caregiver for the Home Help program. The four mandatory exclusion categories as listed in MSA Bulletin 19-03, Provider Enrollment Fitness Criteria, 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 caregivers are denied enrollment based on permissive exclusions identified in MSA Bulletin 19-03 unless the client signs an MSA-119, Personal Choice and Acknowledgement of Provider Selection, form stating he or she wishes to retain the individual caregiver. As of April 1, 2019,Provider Enrollment will complete a 10-year look back on federal or state felonies at the time of caregiver enrollment and a 5-year look back for federal or state misdemeanors at the time of caregiver enrollment.

Acknowledgement of Provider Selection

A client may choose to select a caregiver who has been determined ineligible because of a permissive exclusion identified through the criminal history screening process. The client must sign an MSA-119, Personal Choice and Acknowledgement of Provider Selection, form to hire an individual caregiver with a permissive exclusion.

Note: The client's signature acknowledges he or she has been informed of the criminal offense and continues to choose the

individual to provide services. The effective start date for the selected individual caregiver is the date the client **signs** the acknowledgement form. The ASW **must not** authorize payment prior to the signature date on the acknowledgment form. Effective April 1, 2019, MSA Bulletin 19-03 states, "Personal choice selections are subject to the following restrictions: The provider is not legally responsible for the beneficiary". This means that guardians with a permissive exclusion can no longer sign the MSA-119, Personal Choice and Acknowledgement of Provider Selection form, on behalf of the client to be the client's caregiver. In these situations, the client will need to seek another caregiver or a change in guardian will need to occur.

Note: If an individual caregiver with a permissive exclusion desires to work for multiple clients, an MSA-119, Personal Choice and 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 MSA-119, Personal Choice and Acknowledgement of Provider Selection, form **cannot** be applied to the federally mandated exclusions or to any caregiver who is working for an agency.

Procedures

Refer to the criminal history screening process on the adult services home page for processes and procedures.

LEIN

Adult services staff **must only** use Law Enforcement Information Network (LEIN) information during 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 SRM 700 and SRM 701.

ENROLLMENT AND REINSTATEMENT

Caregivers who have a permissive exclusion and are unable to participate in the Medicaid program due to a conviction for a crime listed above may request enrollment or reinstatement upon showing that the caregiver's participation is in the best interest of

the Medicaid program and Medicaid clients. For more information see bulletin 19-03 (Provider Enrollment Fitness Criteria).

Send requests for reinstatement in writing to the Medicaid Provider Enrollment unit at:

MDHHS Provider Enrollment Unit
P.O. Box 30238
Lansing, MI 48909
Email: MSA-HomeHelpProviders@michigan.gov
Fax: 1-517-241-4160

MDHHS will address requests for enrollment and reinstatement within 30 days after all requested information has been provided.

MSA-4676, HOME HELP SERVICES AGREEMENT

The purpose of the MSA-4676, Home Help Services Agreement, is to serve as an agreement between the client and individual caregiver/agency provider which summarizes the general requirements of employment. The form is completed by the adult services worker as part of the individual caregiver/agency provider interview process.

An MSA-4676 must be signed by **each** individual caregiver/agency provider who renders service to a client. ASWs should not create a payment authorization for a new case opening or change in provider until receipt of the signed MSA-4676. However, the signature date on the MSA-4676 does not impact the case opening date or the start date of the payment authorization.

Note: Verbal attestation of the MSA-4676, Home Help Statement of Employment, is acceptable during the COVID-19 Public Health Emergency from 04/01/2020 through 05/11/2023.

The services agreement does the following:

- Confirms an understanding of the personal care services provided, how often services are provided, and hours approved.
- Requires positive identification of the individual caregiver/agency provider by means of a picture ID.

- Document an understanding by both parties that the client, not the State of Michigan, is the employer of the individual caregiver and/or agency provider.
- Stipulates that the client must report any changes to the adult services worker within 10-business days.
- Requires the individual caregiver/agency provider to repay the State of Michigan for services he or she did not provide.
- Informs an individual caregiver/agency provider receiving public assistance that this employment must be reported to the Michigan Department of Health and Human Services.
- Requires the client and individual caregiver/agency provider to sign the MSA-4676 indicating their understanding of the terms of the agreement.

Distribution of MSA-4676, Home Help Services Agreement

The ASW will make **two copies** of the completed and signed form, along with the MDHHS-6064-C, Client Time and Task Management form and the MDHHS-6064-P, Provider Time and task Management form and distribute as follows:

- Give one copy of the MSA-4676 and the current MDHHS-6064-C, Client Time and Task Management form and the MDHHS-6064-P, Provider Time and Task Management form to the client.
- Give one copy of the MSA-4676 and the MDHHS-6064-P, Provider Time and Task Management form to the individual caregiver/agency provider.
- Retain the **original** MSA-4676 in the client's case record.

MSA-4678, MEDICAL ASSISTANCE HOME HELP PROVIDER AGREEMENT

Federal regulations require that all caregivers of Medicaid covered services complete and sign a provider agreement. The MSA-4678, Medical Assistance Home Help Provider Agreement, states caregivers will abide by Medicaid policies in providing services to Home Help program clients and in receiving payment from the Home Help program.

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

The ASW must forward the completed and signed agreement to the Provider Enrollment unit; see Manual Enrollment in this item.

Note: Verbal attestation of the MSA-4678, Medical Assistance Home Help Provider Agreement, is acceptable during the COVID-19 Public Health Emergency from 04/01/2020 through 05/11/2023.

CHAMPS REVALIDATION

MDHHS is required to have all Medicaid providers, regardless of provider type, revalidate their CHAMPS enrollment information at least once every three to five years based on risk category. Individual and agency caregivers will receive a letter 90 days before the due date letting them know when their revalidation is due. Caregivers will also receive a letter 30 days before the due date as a reminder. If the revalidation is not completed on time, caregivers will receive a termination letter. The effective date of the termination is the date the letter is mailed.

Individual caregivers who submit ESVs will need to complete this revalidation through CHAMPS. Individual caregivers who have submitted PSVs in the three months prior to the revalidation cycle can submit an MSA-4678-R, Revalidation Medical Assistance Home Help Provider Agreement, to Provider Enrollment; see Manual Enrollment in this item.

Note: If revalidation is overdue, ASWs will receive an error message when attempting to authorize payment to a caregiver. Verification of the overdue revalidation can be viewed in CHAMPS.

INDIVIDUAL CAREGIVER HOURLY RATE

Each local MDHHS office has an established Home Help individual caregiver rate. ASWs must **not** authorize above or below the established county rate. For the list of individual and agency hourly rates; see ASM 138, County Rates.

CAREGIVER INCOME VERIFICATION

Requests received by the local office for verification of individual caregiver income or employment should be forwarded to MDHHS Provider Support Services at 1-800-979-4662. Income verification forms can be sent directly to Accounts Payable via fax at 1-517-763-0160, or email to MDHHS-Medicaid-Payments-Unit@michigan.gov.

REFERENCES

See ASM 136, Agency Providers.

See ASM 138, County Rates.

See ASM 143, Electronic Visit Verification.

See BEM 706, CDC Payments.

See SRM 700, Law Enforcement Information Network (LEIN)

See. SRM 701, Law Enforcement Information Network, (LEIN) Use, System & Security Policy.

CONTACT

For questions contact MDHHS-Home-Help-Policy@michigan.gov.