

Bulletin Number: MSA 19-18

Distribution: Home Help Agency Providers

Issued: July 15, 2019

Subject: Home Help Services Agreement and Agency Invoice

Effective: October 1, 2019

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 (ADL) and assistance with Instrumental Activities of Daily Living (IADL). Home Help agency providers are responsible for understanding and agreeing to the requirements of the program and documenting their provision of personal care services. The purpose of this bulletin is to notify agency providers of changes to policies governing these responsibilities.

Glossary

Agency Caregiver	The direct care worker. This caregiver provides personal care services to a MDHHS Home Help client.
Agency Owner(s)	Possesses 5% or greater direct or indirect ownership interest of the agency and/or person with control interest.
Agency Representative/ Resident Agent	An individual who is authorized to act on behalf of the agency owner.

Home Help Services Agreement (MSA-4676)

The MSA-4676 Home Help Services Agreement is an agreement between the Home Help client and the agency provider. It outlines the general service requirements and the approved tasks for the client. Effective October 1, 2019, agency providers are required to sign the MSA-4676 for every Home Help client prior to delivering services.

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 and the approved Time and Task. The agency owner(s) is responsible for ensuring the form is signed by an authorized signer.

Payments will be authorized in accordance with the following timelines:

- **New Home Help clients:** When an agency provider takes on a new Home Help client, the signed MSA-4676 must be submitted to the client's Adult Services Worker (ASW) or local county MDHHS office before payment will be authorized.
- **Existing Home Help clients with no signed MSA-4676 on file:** Payments for a current Home Help client will be authorized up until the client's next case review. After the case review, the signed MSA-4676 must be submitted to the client's ASW or local county MDHHS office before payment will be authorized.

The attached MSA-4676 is a copy of the Home Help Services Agreement. The agency provider will receive the actual form from the client. Once the client and agency provider sign and date the form, it must be submitted to the client's ASW or local county MDHHS office. The form can be delivered in person or by fax, U.S. mail or email. The client has the authority to decide whether he/she will deliver the signed form or delegate the task to the agency provider. Contact information for local county MDHHS offices is available on the MDHHS website at www.michigan.gov/mdhhs >> Inside MDHHS >> County Offices.

The agency provider must retain a copy of the signed form and ensure there is a signed form on file for every client. The agency provider should keep a client's signed form for seven years after the end of service provision.

Verification of Services Provided

Effective October 1, 2019, the agency provider can no longer verify services provided by submitting the DHS-721 Personal Care Services Provider Log. Instead, the agency provider must submit the MSA-1904 Home Help Agency Invoice monthly to verify that authorized services were provided. **Payment will not be released until the MSA-1904 has been received and verified by the client's local county MDHHS office.**

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.

The attached MSA-1904 is a copy of the Home Help Agency Invoice. A fillable version of the invoice can be downloaded from the MDHHS website at www.michigan.gov/homehelp.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-979-4662.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration

Michigan Department of Health and Human Services
HOME HELP AGENCY INVOICE

Instructions for Completing the Home Help Agency Invoice

1. The agency provider completes the following sections of the Home Help Agency Invoice to document the provision of personal care services for each day in the month and year indicated.

A. SERVICE VERIFICATION: ACTIVITIES OF DAILY LIVING (ADLS) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

1. **HOME HELP AGENCY NAME:** Enter the complete name of the agency provider.
2. **HOME HELP AGENCY PROVIDER NUMBER:** Enter the CHAMPS ID number of the agency provider.
3. **HOME HELP AGENCY TELEPHONE NUMBER:** Enter the phone number where the agency representative can be reached.
4. **CONTACT PERSON:** Enter the first and last name of the agency representative.
5. **DATE SUBMITTED:** Enter the date the invoice is submitted to the client's local county MDHHS office (MM/DD/YYYY).
6. **CLIENT NAME:** Enter the first and last name of the client.
7. **CLIENT MEDICAID ID NUMBER:** Enter the client's Medicaid Identification Number.
8. **HOURLY RATE:** Enter the agency provider's MDHHS-approved hourly rate for the client.
9. **SERVICES BILLING PERIOD MONTH/YEAR:** Enter the Services Billing Period (MM/YYYY).
10. **BILL TO:** Enter the name of the client's local county MDHHS office.
11. **ACTIVITIES OF DAILY LIVING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING:** For each of the days of the billing month, check all the approved tasks completed. When Laundry is checked and was completed at a laundry facility, check Travel Time for Laundry. When Shopping is checked and required travel to one or more stores, check Travel Time for Shopping.
NOTE: The frequency of travel must not exceed the agency provider's approved Time and Task amount.

B. SERVICE VERIFICATION: COMPLEX CARE TASKS

If service provision included complex care tasks, check all the approved tasks completed for each of the days of the billing month.

- C. TOTAL TIME FOR SERVICES BILLING PERIOD:** Enter the total hours and minutes for the services billing period (hh:mm). Include the total time spent on providing Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and Complex Care, and, if applicable, the total travel time for laundry and shopping. **NOTE:** Total time billed must not exceed the approved agency provider's Time and Task amount. Authorized payments will not include billed time in excess of the approved amount.

- D. SIGNATURE OF AUTHORIZED REPRESENTATIVE / DATE:** Sign and date the form to certify provision of the approved tasks.

2. The agency provider mails the completed Home Help Agency Invoice to the client's local county MDHHS office – Attention: Adult Services Unit. The invoice should not be submitted before the last day of the services billing period. The invoice must be submitted to the Adult Services Unit of the client's local county MDHHS office **no later than 365 days from the service date. Failure to submit the invoice within 365 days of the service date will result in non-payment.**

APPROVED PERSONAL CARE TASKS

NOTE: Approved time for items 1 through 13 is for hands-on care only.

1. **Eating/Feeding** – helping with use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, cleaning face and hands, as needed after a meal.
2. **Toileting** – helping on/off toilet, commode/bed pan, emptying commode/bed pan, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads; may include doing catheter, ostomy or bowel programs.
3. **Bathing** – helping with cleaning the body or parts of the body, shampooing hair, using tub or shower, sponge bathing, including getting a basin of water, managing faucets, soaping, rinsing and drying.
4. **Grooming** – helping to maintain personal hygiene and neat appearance, including hair combing, brushing, oral hygiene, shaving, fingernail and toe nail care (unless a physician advises not to do so).
5. **Dressing** – helping with putting on/taking off, fastening/unfastening garments/undergarments, special devices such as back/leg braces, corsets, artificial limbs or splints.
6. **Transferring** – helping to move from one position to another, such as from a bed to a wheelchair or sofa, to come to a standing position and/or repositioning to prevent skin breakdown.
7. **Mobility** – helping with walking or moving around inside the living area, changing locations in a room, moving from room to room or climbing stairs.
8. **Medication** – helping with administering prescribed or over-the-counter medication.
9. **Meal Preparation** – helping with planning menus, washing, peeling, slicing, opening packages, cans and bags, mixing ingredients, lifting pots/pans, reheating food, cooking, operating stove/microwave, setting the table, serving the meal, washing/drying dishes and putting them away.
10. **Shopping** – helping to compile a list identifying needed items, picking up items at the store, managing cart/baskets, transferring items to home and storing them away.
11. **Laundry** – helping by getting laundry to machines, sorting, handling soap containers, placing laundry into machines, operating machine controls, handling wet laundry, drying, folding and storing laundry.
12. **Light Housework** – helping with sweeping, vacuuming, washing floors, washing kitchen counters and sinks, cleaning the bathroom, changing bed linen, taking out trash, dusting and picking up, bringing in fuel for heating/cooking purposes if necessary.
13. **Complex Care tasks** – require special techniques/knowledge; may replace most or all 1-9 tasks when approved by specialist. Complex care tasks include bowel program, catheter or leg bags, colostomy care, eating or feeding assistance, peritoneal dialysis, range of motion exercises, specialized skin care, suctioning and wound care.

Instructions for Adult Services Worker

1. When the invoice is returned, review for accuracy. If invoice is correct, authorize payment.
2. Resolve inaccuracies immediately. Once invoice is corrected, authorize payment.
3. Maintain the invoice in the client's case record.

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.

HOME HELP AGENCY INVOICE

Michigan Department of Health and Human Services

Home Help Agency Name		Home Help Agency Provider Number		
Home Help Agency Telephone Number		Contact Person		Date Submitted
Client Name				
Client Medicaid ID Number				
Hourly Rate		Services Billing Period Month/Year		
Bill To: <Enter client's local county MDHHS office>				

ACTIVITIES OF DAILY LIVING AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Days of Billing Month	Bathing	Dressing	Eating	Grooming	Mobility	Toileting	Transferring	Housework	Laundry	Travel Time for Laundry	Medication	Meal Preparation	Shopping	Travel Time for Shopping
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME HELP AGENCY INVOICE
Michigan Department of Health and Human Services

COMPLEX CARE TASKS

Days of Billing Month	Bowel Program	Catheters for Leg Bags	Colostomy Care	Eating or Feeding Assistance	Peritoneal Dialysis	Range of Motion Exercises	Specialized Skin Care	Suctioning	Wound Care
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Time for Services Billing Period: <Insert hh:mm>

Instructions: Add the total hours and minutes of ADL, IADL and Complex Care tasks provided to the client and, if applicable, the total travel hours and minutes for shopping and laundry. Authorized payments will not include billed time in excess of the agency's approved Time and Task amount.

I certify that <Enter Home Help Agency Name> has provided all the services as checked above.

Signature of Authorized Representative

<Insert Date>
Date

Home Help Services Agreement Instructions for Completion

The purpose of this form is to document the following:

- Certain terms agreed upon by an individual caregiver or agency provider rendering Home Help services to a Medicaid beneficiary.
- The mutual understanding of those terms by both individual caregiver or agency provider and beneficiary (or the beneficiary's guardian) as indicated by their signatures.
- Positive identification of the individual caregiver by means of government-issued photo ID. For an agency provider, all representatives present at the time of form submission may be asked to show their government- or employer-issued photo ID. Only the agency owner or an agency representative/resident agent or agency caregiver who is authorized to act on behalf of the owner may sign the form.
- The beneficiary and the individual caregiver understand that the beneficiary, NOT the STATE of MICHIGAN, is the employer of the individual caregiver. The beneficiary and the agency provider understand that the beneficiary, NOT the STATE of MICHIGAN, is the individual requesting the agency provider's services.

Completion Instructions:

- Michigan Department of Health and Human Services (MDHHS) Adult Services Worker must complete this form indicating the terms of the beneficiary/provider agreement.
- Both beneficiary and provider must read and sign this form indicating their understanding of the terms of this agreement.
- The MDHHS Adult Services Worker will make TWO copies of the completed and signed form and TWO copies of the provider's approved Time and Task, then give one copy to the beneficiary, one copy to the individual caregiver or agency provider, and place the originals in the MDHHS beneficiary file.

Glossary:

Agency Caregiver	The agency's direct care worker. This caregiver provides personal care services to a MDHHS Home Help client.
Agency Owner(s)	Possesses 5% or greater direct or indirect ownership interest of the agency and/or person with control interest.
Agency Representative/ Resident Agent	An individual who is authorized to act on behalf of the agency owner.
Individual Caregiver	A direct care worker employed by a MDHHS Home Help client. This caregiver provides personal care services to the client.

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.

HOME HELP SERVICES AGREEMENT

Michigan Department of Health and Human Services

Case Log Number	
Local MDHHS Office	
Adult Services Worker	Adult Services Worker Phone Number

See Page 1 for Instructions and the Purpose of this form.

SECTION 1 - Beneficiary Information

Beneficiary Name			Medicaid ID Number
Beneficiary Address (number and street, apartment/lot number)			Date of Birth
City	State	ZIP Code	Telephone Area Code and Number ()

SECTION 2 - Home Help Individual Caregiver or Agency Provider Information

Individual Caregiver or Agency Provider Name			Provider ID Number
Address (number and street, apartment/lot number)			Telephone Area Code and Number ()
City	State	ZIP Code	Verification of Photo ID made by
If related to the beneficiary, state relationship			

SECTION 3 – Home Help Services Schedule

- Approved services are displayed in the provider's approved Time and Task schedule.
- Total hours per month include travel time for shopping and laundry.
- Total time billed must not exceed the provider's approved Time and Task schedule for the billing period.
- Authorized payments will not include billed time in excess of the approved amount.

SECTION 4 – Terms of Beneficiary and Individual Caregiver/Agency Provider Agreement

By my signature below, I agree to the following agreement terms and understand:

- The **individual caregiver** is an employee of, and provides Home Help services to, the above-named beneficiary who has the right to hire and fire the individual caregiver. Serving as a Home Help individual caregiver does NOT make the individual caregiver an employee or a subcontractor of the Michigan Department of Health and Human Services (MDHHS) or the State of Michigan.
- The **agency provider** renders Home Help services to the above-named beneficiary, who has the right to terminate services with the agency provider at any time. Providing services to the above-named beneficiary does NOT make the agency provider a contractor of MDHHS or the State of Michigan.
- The individual caregiver/agency provider must comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).
- If the individual caregiver/agency provider is paid for services he or she did not provide, the individual caregiver/agency provider must repay the State of Michigan. Grounds for repayment include, but are not limited to, billing for services delivered when the provider and/or client was unavailable. This may include client hospitalization or nursing facility admission.
- The individual caregiver/agency provider agrees to accept payments issued by MDHHS as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
- The individual caregiver must submit an electronic services verification (ESV) or paper services verification (PSV) each month to report the services he or she provided before payment is released. The agency provider must submit a monthly invoice with a record of services provided before payment is released.
- In order to receive payment, the individual caregiver/agency provider must keep and submit to MDHHS or their designee any and all records necessary to disclose the extent of services provided to the beneficiary. The individual caregiver/agency provider must retain the records for seven years from the date of service.
- The individual caregiver/agency provider must cooperate with MDHHS or their designee regarding any audits, investigations or inquiries related to Home Help services provided.
- An individual caregiver on public assistance will report this employment to their Eligibility Specialist/Family Independent Specialist at MDHHS.
- The Home Help program is funded by Medicaid. Payments will not be approved by the Department if the beneficiary's Medicaid eligibility is inactive.
- The beneficiary may change the work schedule at any time. Any change should be reported to the MDHHS Adult Services Worker within 10 business days.
- Any changes, including but not limited to, beneficiary hospitalizations, nursing facility admission, address change, or discontinuation of services provided, will be reported to the MDHHS Adult Services Worker within 10 business days by the beneficiary and/or individual caregiver/agency provider.
- The individual caregiver/agency provider must report all changes affecting provider enrollment by updating the information in CHAMPS within 10 calendar days. This includes, but is not limited to, changes in address, telephone number, email, agency ownership, agency contact name or an agency caregiver or agency employee.

Individual Caregiver Employee or Agency Provider	Date Signed
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Beneficiary / Employer (Guardian when applicable)	Date Signed
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