

 <p>Michigan Department of Human Services</p> <p><b>CSA</b></p> <p>Children's Services Administration Communication Issuance</p>	<b>Type:</b> <input checked="" type="checkbox"/> Informational Memoranda (IM) <input type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)
	<b>Issuance Date:</b> 7/30/12 <b>Obsolete Date:</b> N/A
	<b>Response Due:</b> None
	<b>Log No.:</b> 12-109
	<b>Contact:</b> Michelle McGuire; Mcguirem2@michigan.gov
	<b>Originating Office:</b> Office of Adult Services
	<b>Subject/Title:</b> MPHI Case Read Project Home Help Program
	<b>Distribution:</b> <input type="checkbox"/> DHS Child Welfare Staff <input type="checkbox"/> BCAL <input type="checkbox"/> Private Agency Child Welfare Staff <input type="checkbox"/> CWTI <input type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> SACWIS <input type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input type="checkbox"/> Other:

The Michigan Public Health Institute (MPHI) completed a three year contract with the Michigan Department of Community Health (MDCH) to read cases in the Home Help program. The attached L Letter (08-158) provides details on the initial case reading project that took place beginning the Fall of 2008 through Spring of 2011.

MDCH extended this contract with MPHI for two additional years. MPHI will resume the case read project starting in September 2012. MPHI will read approximately 400-600 home help cases in each region over a ten month period. This is a smaller sample then the previous case read project. Due to the smaller sample, not all counties will require a visit.

The counties will be reviewed in groups by regions. The regions are as follows:

**Western** - Allegan, Berrien, Calhoun, Cass, Clinton, Eaton, Gratiot, Ingham, Ionia, Jackson, Kalamazoo, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Van Buren, Barry, and St. Joseph.

**Wayne**

**Urban** - Genesee, Kent, Macomb and Oakland.

**Eastern** - Monroe, Arenac, Bay, Branch, Clare, Gladwin, Hillsdale, Huron, Isabella, Lapeer, Lenawee, Livingston, Midland, Saginaw, St. Clair, Sanilac, Shiawassee, Tuscola, and Washtenaw.

**Northern** - Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iosco, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Roscommon, Schoolcraft, and Wexford.

A copy of the tentative schedule provided by MPHI for county visits is attached. The schedule for visits in the eastern and northern counties will be provided at a later date. The local county DHS director and Adult Services supervisor will be notified a minimum of two weeks prior to MPHI's arrival. The Office of Adult Services (OAS) will provide a list of the cases to be reviewed one week prior to MPHI's arrival. All documentation related to the cases should be in the case files.

The local DHS offices are expected to provide space for MPHI to read the hard copy files. Cases will be reviewed on ASCAP prior to each local office visit. MPHI does not anticipate the review time to be a lengthy process. The information that MPHI collects will be given to MDCH. A copy of the revised monitoring tool MPHI will be utilizing is included with this communication.

# Home Help Review: YR5 Schedule Sept 2012-Dec 2012

Last updated: 7/16/2012

<b>September</b>	<b>#</b>	<b>Western Region</b>									
County		Ingham	Clinton	Gratiot	Eaton	Barry	Kalamazoo	Jackson	Calhoun	Newaygo	
Aprox # Cases	<b>50</b>	14	2	1	2	1	11	11	4	2	
Date		4th-6th	11th	11th	13th	13th	18th-19th	25th	25th	27th	
<b>October</b>	<b>#</b>										
County		Muskegon	Allegan & Ottawa	Mason	Oceana	Berrien	Vanburen	Cass	St Joseph	Osceola/Mecosta	
Aprox # Cases	<b>28</b>	5	4	2	1	8	1	2	1	4	
Date		2nd	4th	8th	9th	16th	16th	23rd	23rd	30th	
<b>November</b>	<b>#</b>	<b>Wayne Region</b>									
County		Wayne									
Aprox # Cases	<b>125</b>	125									
Date		6th-14th									
<b>December</b>	<b>#</b>	<b>Urban Region</b>									
County		Genesee	Kent	Macomb							
Aprox # Cases	<b>90</b>	30	30	30							
Date		4th-7th	11th-14th	18th-21st							

<b>Opening Authorization and Documentation</b>	
1	Case open date is within 45 calendar days of the referral date.
2	DHS-390, Adult Services Application in case record.
3	DHS-390, Adult Services Application signed by client or representative.
4	DHS 54A Initial Medical Needs form in case record.
5	DHS 54A Initial Medical Needs form signed by a Physician, Nurse practitioner, Physical or Occupational Therapist .
6	DHS 54A Initial Medical Needs form includes NPI number.
7	MSA-4678 Provider Agreement is received and documented in ASCAP.
8	MSA-4678 Provider Agreement received but not documented in ASCAP.
9	MSA 4676, Home Help Services Statement of Employment signed by non-agency providers.
10	First payment made after all required documents received by DHS (390, 54A, 4676, initial face-to-face)
<b>Payment Authorization and Documentation</b>	
11	If taxes are being withheld from payments, a DHS 4771 Authorization Withholding form is in case record.
12	Up-to-date DHS 54A in case record.
13	Up-to-date 54A in ASCAP
14	If SSI Case, how recent of a 54A is on file
15	Adequate justification provided under Functional Abilities for activities ranked 3 or higher.
16	Time assigned to provider for activity does not exceed RTS.
17	If hours exceed RTS, is justification for hours exceeding a reasonable time schedule present.
18	Is the total cost of care amount consistent with the payment amount OR if does exceed, explanation is provided.
19	Were services prorated if beneficiary has other people living in their residence.
20	DHS-1210, Initial Srvs App Notice is consistent with the initial pymt amount OR justification is made for exceeding initial cost of care.
21	Cases over \$1299.99 have DCH Approval.
22	Copy of DCH approval is in the case file.
23	Most recent DHS-1212, Advance Negative Action Notice issued with appropriate notice.
24	County agency rate applied according to policy.
25	Payments discontinued according to policy when beneficiary expires.

**Case Management Procedures**

- 26 Annual face to face re-determination completed with beneficiary by ASW.
- 27 Annual re-determination includes a contact to the provider by ASW.
- 28 Recent semi-annual face to face review completed with beneficiary by ASW.
- 29 Recent semi-annual review included a contact to the provider by ASW.
- 30 Worker did one face-to-face visit over the past year with the provider.

**Provider Log Completion**-all questions below pertain to the DHS-721

- 31 DHS-721 are completed correctly and in case file for the months of HH payments made in evaluation year
- 32 Completed by marking an individual mark indicating a task was performed.
- 33 Provider Logs signed by provider.
- 34 Provider Logs signed by beneficiary.
- 35 Quarterly submission of provider logs.
- 36 Logs submitted after work completed for payments made in evaluation year



STATE OF MICHIGAN  
**Department of  
Human  
Services**

## Memorandum

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235 S. Grand Avenue, P.O. Box 30037  
Lansing, MI 48909  
www.michigan.gov

**Field Operations Administration**

**L-08-158  
Admin.**

To: **County Directors  
District Office Managers**

Date: **November 26, 2008**

From: **Terry Salacina, Acting Director  
Field Operations Administration**

Subject: **Home Help Program Case Reading Monitoring Plan**

**Response Due:** None

The purpose of this L-Letter is to inform the Adult Services staff about the Home Help Program (HHP) Case Reading Monitoring Plan. As a result of the 2005 Home Help audit, DCH was cited for not having oversight in place for the HHP. DCH is obligated to implement a Monitoring Plan to provide overall accountability for the operation of the HHP. In order for the federal government to continue participation in funding state programs such as the HHP, beneficiary services must be provided and authorized in accordance with established program policy and procedures, and received as authorized.

The goals of the Monitoring Plan to be completed by MPHI are:

- Develop monitoring tool(s)
- Monitor adherence to program policy and procedures
- Ensure the beneficiary receives services that are authorized and are satisfied with the services received

The following services are not the responsibility of MPHI and are not part of the HHP monitoring plan:

- Develop Home Help policy and procedures
- Implement or monitor DHS corrective action plan
- Issue results of findings to DHS while conducting exit interview or issue results of case reviews.
- Discussion with DHS staff for purposes other than data collection for case reviews.

DCH has contracted with the Michigan Public Health Institute (MPHI) to complete the HHP Case Reading Monitoring Plan over the next three years. Each county will be visited by MPHI at least once during the three year contract period. MPHI will read approximately 10% of the HHP cases in each county. The following list is the initial plan of counties to be visited by contract year. This initial plan may change as the contract proceeds.

The local DHS office will be notified a minimum of two weeks prior to MPHI arriving to conduct the HHP Case Reading Monitoring review. A listing of the cases to be reviewed by MPHI will be sent to the local DHS in advance as well. MPHI will be reviewing only the hard copy file of the cases at the local office. MPHI will access a computer at DCH to review the cases on ASCAP.

The local DHS office will need to provide space for MPHI to read the hard copy files. MPHI expects to arrive at each local DHS office at 9AM. The local DHS office must provide MPHI with an overview of how adult services cases are organized in that county.

The information that MPHI collects will be given to DCH. DCH and DHS will discuss the findings and make changes to HH policies and procedures as necessary.

A copy of the [Case Reading Monitoring Tool](#) that will be used by MPHI is attached to this L-Letter.

**Number and Status of Previous L-Letters Issued on the Same Subject:** None

**Contact Office:** Office of Adult Services

**Telephone Number and E-mail address of Contact:** 517-241-8653

**Distribution:** All Adult Services Supervisors and Workers

**Obsolete Date:** 11-30-2009

c: Executive Staff  
Area Managers  
Wayne County Administration Directors

Table 1: Listing of Counties by Sampling Strata

Region	Size	Year 1		Year 2		Year 3	
		County	Population	County	Population	County	Population
Region 1	Large	Ingham	276,898	Kalamazoo	240,720	Genesee	441,966
		Macomb	832,861	Kent	599,524	Oakland	1,214,255
		Washtenaw	344,047	Wayne	1,971,853	Ottawa	257,671
	Medium	Barry	59,899	Berrien	161,705	Allegan	113,501
		Cass	51,329	Clinton	69,909	Calhoun	137,991
		Ionia	64,821	Jackson	163,851	Eaton	107,237
		Lenawee	102,191	Livingston	184,511	Lapeer	93,761
		Muskegon	175,231	Saint Clair	171,725	Monroe	155,035
		Shiawassee	72,912	Van Buren	79,018	St. Joseph	62,777
	Small	Hillsdale	47,206			Branch	45,875
Region 2	Large	Saginaw	206,300				
	Medium	Gr. Traverse	84,952	Isabella	65,818	Bay	108,390
		Montcalm	63,977	Tuscola	57,878	Midland	83,792
	Small	Alpena	30,067	Antrim	24,463	Alcona	11,759
		Benzie	17,652	Charlevoix	26,422	Arenac	17,024
		Clare	31,307	Crawford	14,928	Cheboygan	27,282
		Gladwin	27,008	Gratiot	42,107	Emmett	33,607
		Iosco	26,831	Kalkaska	17,330	Huron	34,143
		Leelanau	22,112	Mackinac	11,050	Lake	11,793
		Mason	29,045	Mecosta	42,252	Manistee	25,067
		Montmorency	10,478	Newaygo	49,840	Missaukee	15,197
		Ogemaw	21,665	Osceola	23,584	Oceana	28,639
		Otsego	24,711	Presque Isle	14,144	Oscoda	9,140
Sanilac	44,448	Wexford	31,994	Roscommon	26,064		
Region 3	Medium					Marquette	64,675
	Small	Alger	9,665	Baraga	8,742	Chippewa	38,674
		Delta	38,156	Dickinson	27,447	Gogebic	16,524
		Houghton	35,334	Iron	12,377	Keweenaw	2,183
		Luce	6,684	Menominee	24,696	Ontonagon	7,202
Schoolcraft	8,744						
<b>Total</b>			<b>2,766,531</b>		<b>4,137,888</b>		<b>3,191,224</b>

Michigan Public Health Institute  
Michigan Department of Community Health  
**HOME HELP PROGRAM CASE READING FORM**

Date

Case ID #	County	Case Under \$549.99/mth	Case from \$550 to under \$1299.99	Case Over \$1300	Complex Care Identified	
					YES	NO

1 = Yes      2 = No, completed incorrectly      3 = Not Available      4 = Not applicable

A. INITIAL CASE INFORMATION		1	2	3	4	Comments
1.a.	DHS-390, Adult Services Application completed and signed by client or representative. <i>HC ONLY, '</i>					
1.b.	<b>New DHS-390 completed for cases closed for more than 90 days.</b> <b><i>HC ONLY, check ASCAP to see if case has been closed for 90 days.</i></b>					
2	DHS 54A Initial Medical Needs form signed by a Physician, Nurse practitioner, Physical or Occupational Therapist. <i>HC ONLY- professional must include their title and National Provider Identifier (NPI) number formerly the MA enrollment number.</i>					
3	MSA 4676, Home Help Services Statement of Employment signed by non-agency providers (one required per provider). <i>HC ONLY</i>					
4	DHS 4771, Authorization For Withholding of FICA Tax completed as appropriate. <i>HC ONLY, ' required for clients using an agency or provider who are caring for clients under 18 years old.</i>					
5.a.	<b>Adequate justification provided under Functional Abilities for activities ranked 3 or higher.</b> <b><i>ONLY-Functional Module under Functional Abilities</i></b> <b>ASCAP</b>					
5.b.	<b>Time assigned to provider for activity does not exceed RTS.</b> <b><i>ASCAP -Functional Module under Functional Abilities vs. RTS</i></b>					
5.c.	<b>If hours exceed RTS, is justification for hours exceeding a reasonable time schedule present.</b> <b><i>ASCAP ONLY-General Narrative or Service Plan</i></b>					
6	DHS-1210, Initial Service Approval Notice matches initial payment made. <b><i>ASCAP- Contacts VS. MPS</i></b>					
7	<b>Documentation of coordination and collaboration with other community agencies (CMH, CSHCS) found in case record.</b> <b><i>ASCAP ONLY-General Narrative or Service Plan</i></b>					

1 = Yes      2 = No, completed incorrectly      3 = Not Available      4 = Not applicable

B. DETERMINATION COMPLETION OF CASE MANAGEMENT FUNCTIONS		1	2	3	4	Comments
1	DHS-721, Personal Care Services Provider Log (from previous completed calendar year), properly completed by marking an 'X' by each task performed. <i>HC ONLY</i>					
2	DHS 721 Provider Logs (from previous completed calendar year) signed by provider. <i>HC ONLY, indicate 'not available' if not fully completed and indicate in comments how many are missing.</i>					
3	DHS 721 Provider Logs (from previous completed calendar year) signed by beneficiary. <i>HC ONLY, indicate 'not available' if not fully completed and indicate in comments how many are missing.</i>					
4	DHS-721 Provider Logs (from previous completed calendar year) initialed by ASW. <i>HC ONLY, indicate 'not available' if not fully completed and indicate in comments how many are missing.</i>					
5	DHS 721 Quarterly submission of provider logs (from previous completed calendar year) . <i>HC ONLY, indicate 'not available' if not fully completed and indicate in comments how many are missing.</i>					

1 = Yes      2 = No, completed incorrectly      3 = Not Available      4 = Not applicable

C. AUTHORIZATIONS AND PAYMENT		1	2	3	4	Comments
1.	Cases over \$549.99 have adult services supervisor approval <b>ASCAP ONLY- If the auth is displayed in MPS on ASCAP it was approved.</b>					
2	Cases over \$1299.99 have DCH Approval. <i>HC - DCH approval letter. The letter will indicate date of approval.</i>					
3	Is the total cost of care amount consistent with the payment amount. <b>ASCAP ONLY: Time Task (MPS) vs. Payment (MPS)</b>					
4.	Medicaid deductible amount applied (if using the personal care option). <b>ASCAP ONLY- Client Module/Resource tab; MPS highlight authorization.</b>					
5.	Payments discontinued according to policy when beneficiary expires. <i>If the worker knows the date you will find it on the Disposition Screen under disp information.</i>					
6.	Recoupment procedures are followed according to policy (DHS-566) <i>HC ONLY</i>					
7.	County provider rate applied according to policy. <b>ASCAP ONLY- Payment (MPS) vs. county individual and/or agency rates</b>					
1 = Yes		2 = No, completed incorrectly		3 = Not Available		4 = Not applicable
D. SERVICE DELIVERY		1	2	3	4	Comments
1.a.	If complex care, number of service hours approved based on beneficiaries assessed needs. <i>ASCAP Functional Module under Functional Abilities vs. RN reviewer assessment based on diagnosis</i>					
1.b.	"Issues" identified in the Service Plan are being addressed. <b>ASCAP ONLY-General Narrative or Service Plan</b>					
1.c.	Are the funded tasks being completed by provider? <i>HC -Compare assigned tasks on log to completed tasks reported V</i>					
2	Were services prorated if beneficiary has other people living in their residence. <b>ASCAP ONLY- Client InfoVS. Time Task indicating IADL time decreased by at least half</b>					
3	Documentation that HH services and MIChoice waiver services not concurrently received. <b>ASCAP - General Narrative or Service Plan</b>					
4	Documentation of other personal care services such as (hospice or home health) are included in the record. <b>ASCAP - General narrative or Service Plan.</b>					
5	If complex care, documentation that provider has training to meet beneficiary needs. <b>ASCAP ONLY - General narrative/Service Plan</b>					
1 = Yes		2 = No, completed incorrectly		3 = Not Available		4 = Not applicable
E. NEGATIVE ACTION NOTICE		1	2	3	4	Comments
1	DHS-1212, Advance Negative Action Notice for termination of the case. <b>ASCAP- Contacts or HC.</b>					
2	DHS-1212 Advance Negative Action Notice for reduction in payment. <b>ASCAP- Contacts or HC.</b>					
3	DHS-1212, Advance Negative Action Notice for suspension of payment. <b>ASCAP- Contacts or HC.</b>					
4	DHS-1212a, Advance Negative Action Notice for denial of case. <b>ASCAP- Contacts or HC.</b>					
1 = Yes		2 = No, completed incorrectly		3 = Not Available		4 = Not applicable
F. DOCUMENTATION DATES		MM/DD/YYYY		not available	not applicable	Comments

1	Referral date <i>ASCAP Disposition Screen</i>				
2	DHS-390, Adult Services Application date <i>ASCAP Disposition Screen</i>				
3	Date case opened <i>ASCAP Disposition Screen</i>				
4	DHS-324, Adult Services Comprehensive Assessment (Disposition Date) <i>ASCAP Disposition Screen</i>				
5	Date of initial face-to-face contact. <i>ASCAP- Contacts</i>				
6	DHS 54A Initial Medical Needs date <i>ASCAP-Medical Module/Diagnostic screen</i>				
7	DHS 54A Most Recent Medical Needs date <i>HC ONLY</i>				
8	DHS-324 Year Most Recent HC printed <i>HC ONLY</i>				
9	DHS-1210, Date of most recent Service Approval Notice. <i>ASCAP- Contacts</i>				
10	Most recent six month face to face review by the ASW. <i>ASCAP - Contacts</i>				
11	Most recent annual face to face re-determination by ASW. <i>ASCAP - Contacts</i>				
12	If payment is over \$1299.99, date of most recent payment increase. <i>ASCAP ONLY-MPS</i>				
13	Most recent request submitted by ASW to MDCH when provider rates increased over \$1299.99. <i>HC ONLY</i>				
14	MDCH response to ASW request for provider rates increased over \$1299.99 <i>HC ONLY</i>				
15	Date of Negative Action notice printed. <i>ASCAP- Contacts or HC.</i>				
16	Date of Negative Action effective. <i>ASCAP- Contacts or HC.</i>				
17	Date beneficiary requested a hearing. <i>HC ONLY</i>				
18	DHS-0829 Hearing decision date <i>HC ONLY</i>				
19	DHS-0829 Hearing response from ASW <i>HC ONLY</i>				
20	Time period(s) of HH payments made during previous 12 months <i>ASCAP- MPS, if all year write ALL YEAR</i>				
21	Time period(s) of MA eligibility during previous 12 months MA eligibility is currently found on CIMS., if all year write ALL YEAR				
22	Date case closed <i>ASCAP Disposition Screen</i>				

**COMMENTS:**
