

HOME AND COMMUNITY-BASED SERVICES COMPARISON CHART

Individuals who need Long Term Services and Supports have choices. For individuals who are eligible, Medicaid funded home and community-based service options may include Program for All-Inclusive Care for the Elderly (PACE), MI Choice, MI Health Link, Home Help, and D-SNP. Older Americans Act programs are not Medicaid funded and there is no income eligibility to receive services. This chart compares the features of the programs that offer alternatives to nursing home care. The purpose is to allow individuals to make informed choices about the program that will best meet their needs. Not all programs are currently available in all areas of the state.

Program Feature	PACE	MI Choice	MI Health Link	MI Health Link + MI Health Link HCBS Waiver	Home Help	Dual-Special Needs Program (D-SNP)	Older Americans Act (OAA) Funded Programs
AGE	55+	18+	21+	21+	Any	18+	60+ FOR MOST
Individual must meet nursing facility level of care eligibility	YES	YES	NO	YES	NO	NO	NO
Must have both Medicare and Medicaid to qualify	NO	NO	YES	YES	NO	YES	NO
Combines Medicare and Medicaid Benefits	YES	NO	YES	YES	NO	NO	NO
Expanded financial eligibility rules (income limits set annually for a calendar year.)	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	NO - unless the individual resides in a nursing home (skilled nursing facility) or is enrolled in the MI Health Link Waiver.	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	NO	NO	Not an income-based program
The individual will have to meet a Medicaid Deductible (Spend-Down) to qualify for benefits	NO - If you are eligible for Medicaid and your income is below the limit, you will not have a spend-down if you enroll in PACE.	NO - If you are eligible for Medicaid and your income is below the limit, you will not have a spend- down if you enroll in MI Choice.	NO - Individuals who have a spend-down are not eligible for MI Health Link.	NO - If you are eligible and your income is below the income limit, you will not have a spend-down if you enroll in MI Health Link + MI Health Link Waiver.	YES- The day the spend-down is met, the client may receive services.	Spend down beneficiaries are not eligible.	NO
Enrollment Start Date	After PACE eligibility is confirmed and enrollment paperwork is completed by the 24th, then PACE is active the first day of the next month.	No sooner than the date of the MI Choice assessment. Can be any day of the month, unless transferring from another long-term care program.	The first day of the month after MI Health Link enrollment is confirmed.	The first day of the month in which MDHHS approves MI Health Link + MI Health Link Waiver eligibility.	The case opening date is the latter of the DHS-390 (Adult Services Application) received date, the DHS-54A (Medical Needs) signature date, and the referral date.	First day of the month after Medicare enrollment is confirmed.	After assessment is completed

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Disenrollment Rules	<p>Disenrollment occurs on the last day of the month upon:</p> <ul style="list-style-type: none"> • Death • No longer meeting eligibility criteria • You chose to leave the program 	<p>Disenrollment can occur any day of the month. Common reasons:</p> <ul style="list-style-type: none"> • You are admitted to a nursing facility • Death • No longer meeting eligibility criteria • You have been in a hospital for 30 days • You chose another long-term care program 	<p>Disenrollment occurs on the last day of the month upon:</p> <ul style="list-style-type: none"> • Death • No longer meeting MHL eligibility criteria • You choosing to leave the program; <p>Or on the day before the date of admission or placement upon:</p> <ul style="list-style-type: none"> • State Psychiatric Hospital admission • Incarceration (in prison, jail, etc.) • State Veterans' Home admission 	<p>Disenrollment occurs on the last day of the month upon:</p> <ul style="list-style-type: none"> • Death • No longer meeting MHL HCBS Waiver eligibility criteria • You choosing to leave the program; <p>Or on the day before the date of admission or placement upon:</p> <ul style="list-style-type: none"> • State Psychiatric Hospital admission • Incarceration (in prison, jail, etc.) • State Veterans' Home admission <p>**Note: An individual who no longer meets MHL HCBS eligibility criteria may still meet eligibility for the standalone MHL program.**</p>	<p>Disenrollment can occur on any day of the month. Home Help payments may be terminated if:</p> <ul style="list-style-type: none"> • The client fails to meet eligibility criteria. • The client is not Medicaid eligible. (This does not include Medicaid spend-downs.) • Medical provider does not certify a need for services on the DHS-54A Medical Needs form. • Assessment determines client no longer requires Home Help services. • The client no longer wishes to receive Home Help services. • The client is receiving services from another program which would result in a duplication of services. 	<p>Last day of the month.</p>	<p>Any day of the month</p>
Covers Acute, Chronic, and Long Term Care needs	<p>YES - services can be provided at home, throughout PACE contracted network* and PACE centers.</p> <p>*Contracted network includes many other community-based providers, including hospitals, specialists, nursing facilities, ambulances, dialysis, durable medical equipment, physical therapy and many more.</p>	<p>NO- MI Choice only covers long-term services and supports. Participants are eligible for other Medicaid-covered benefits on a fee-for-service basis in addition to MI Choice services.</p>	<p>YES - except if the individual chooses hospice services, Medicare Part A and B and hospice services are covered under Medicare fee-for-service. The Integrated Care Organization (ICO) covers all other services including Medicare Part D.</p>	<p>YES - except if the individual chooses hospice services, Medicare Part A and B and hospice services are covered under Medicare fee-for- service. The Integrated Care Organization (ICO) covers all other services including Medicare Part D.</p>	<p>Yes - Home Help provides services to meet acute, chronic and long-term care needs.</p>	<p>In MI, D-SNP's follow the same Long Term Care business rules as Fee For Service Medicare.</p>	<p>YES- Eligibility at age 60 for most programs. Does not include hospice.</p>

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Services Available	<p>All Medicare and Medicaid covered services All-inclusive services are needs-based and may include any of the following services:*</p> <ul style="list-style-type: none"> • Personalized plan of care created, services provided and monitored by a 11-person multi- disciplinary PACE team • 24/7 medical staff with access to full medical records • One-stop, coordinated care with preventive nursing services • Assistance with Medicaid applications and recertification • No cost sharing for IDT / PACE physician approved prescriptions and home delivery • In-home clinical (nursing) and non-clinical support and services (chore services) • Adult day program on-site with activities, outings and memory care • Door-through- Door transportation to PACE center with assistance as needed • Coordinate, schedule and transport to medical appointments with assistance as needed • Adaptive medical equipment and supplies (Personal Emergency Response System) • Behavioral health / counseling services / social work services • Nutritional counseling, meal preparation and home delivered meals • Urgent, primary and specialty care with on-site clinic • End of life care • Respite • Dental, vision, hearing and foot care <p>*Other than emergency services, all services must be provided or authorized by PACE *May be responsible for costs of unauthorized or out- of-network services</p>	<ul style="list-style-type: none"> • Adult Day Health Program • Assistive Technology • Chore Services • Community Health Worker • Community Living Supports • Community Transportation • Counseling • Environmental Modification • Fiscal Intermediary • Goods and Services • Home Delivered Meals • Nursing Services • Personal Emergency Response System • Private Duty Nursing/ Respiratory Care • Residential Services • Respite Services • Specialized Medical Equipment & Supplies • Supports Brokerage • Supports Coordination • Training • Vehicle Modifications 	<ul style="list-style-type: none"> • All Medicare services unless receiving hospice • All Medicaid State Plan services • Dental services • Hearing Aid coverage • Supplemental Services for individuals who do not meet nursing facility level of care or are not enrolled in the MI Health Link HCBS waiver: • Adaptive Medical Equipment and Supplies • Personal Emergency Response System • Respite (14 overnight stays or 336 hours per 365 days) • Any additional optional services offered by the specific health plan. • Behavioral health and substance use disorder services through the Integrated Care Organization (ICO) or Prepaid Inpatient Health Plans (PIHPs) 	<ul style="list-style-type: none"> • All services in the “MI Health Link” column • Adaptive Medical Equipment and Supplies* • Adult Day Health Program • Assistive Technology • Chore Services • Environmental Modifications • Expanded Community Living Supports • Fiscal Intermediary • Home Delivered Meals • Individual Directed Goods and Services • Non-Medical Transportation • Personal Emergency Response System* • Preventive Nursing Services • Private Duty Nursing • Respite* • Vehicle Modifications <p>*MI Health Link HCBS waiver enrollees will not receive the services marked with the asterisk through the Supplemental Services listed in the MI Health Link column to the left. They will receive these services through the waiver, but not in addition to the Supplemental Services.</p>	<p>Hands-on personal care services, including assistance with activities of daily living, instrumental activities of daily living and complex care tasks. The latter include assistance with a bowel program, catheters or leg bags, colostomy care, feeding tube or supplemental food bag, injections, peritoneal dialysis, range of motion exercises, respiratory treatment, specialized skin care, suctioning, ventilator-related tasks and wound care.</p>	<p>All Medicare Services. Plans also must include an enhanced benefit such as Dental, Vision, Expanded Transportation, Food Benefit, Fitness Center Membership etc.</p>	<p>**services vary by AAA region**</p> <ul style="list-style-type: none"> • Care Management • Case Coordination and Support • Disaster Advocacy & Outreach • Information and Assistance • Outreach • Transportation • Options Counseling • Chore Services • Home Care Assistance • Home Injury Control • Homemaking • Home-Delivered Meals • Home Health Aide • Medication Management • Personal Care Assistive Devices & Technologies • Respite Care • Friendly Reassurance • Adult Day Services • Dementia Adult Day Care • Congregate Meals • Nutrition Counseling • Nutrition Education • Disease Prevention/ Health Promotion • Health Screening • Assistance to the Hearing Impaired and Deaf Community • Home Repair • Legal Assistance • Long-Term Care Ombudsman/Advocacy • Vision Services • Programs for Prevention of Elder Abuse, Neglect, and Exploitation • Counseling Services • Caregiver Supplemental Services • Kinship Support Services • Caregiver Education, Support, and Training

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Where can services be provided?	<ul style="list-style-type: none"> • Home • PACE Center • Other Community- based settings • Nursing Facility • Hospitals 	<ul style="list-style-type: none"> • Home • Qualified Adult Foster Care Homes • Qualified Homes for the Aged • Qualified Assisted Living Facilities • In the community 	<ul style="list-style-type: none"> • Home • Nursing Facilities • Offices of doctors or other providers • Hospitals • Qualified Adult Foster Care Homes • Qualified Homes for the Aged • Qualified Assisted Living Facilities • In the community 	<ul style="list-style-type: none"> • Home • Qualified Adult Foster Care Homes • Qualified Homes for the Aged • Offices of doctors or other providers • In the community 	<ul style="list-style-type: none"> • Home • CMHSP-supervised setting that does not meet definition of Adult Foster Care (AFC) or Homes for the Aged (HFA) • Room and board setting that does not meet definition of AFC or HFA • Workplace 		<ul style="list-style-type: none"> • Home • In the community
Administering Agency (Website for looking up specific agencies)	PACE Organizations Program of All-Inclusive Care for the Elderly (PACE) (michigan.gov) Short URL: https://bit.ly/3DTdQhd	Waiver Agency MI Choice Waiver Program (michigan.gov) Short URL: https://bit.ly/45ubjWg	MI Health Link MI Health Link Information for People with Medicare and Medicaid (michigan.gov) Short URL: https://bit.ly/3ZC2SGU	MI Health Link MI Health Link Information for People with Medicare and Medicaid (michigan.gov) Short URL: https://bit.ly/3ZC2SGU	MDHHS Home Help Independent Living (michigan.gov) Short URL: https://bit.ly/3OrRA2w	Centers for Medicare and Medicaid Medicare/Medicaid Dual Eligible (michigan.gov) Special Needs Plans CMS Short URL: https://go.cms.gov/3PSq9RI	Area Agencies on Aging Aging Services (michigan.gov) Short URL: https://bit.ly/3OyDLQa

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