

Michigan Department of Community Health

Bulletin Number: MSA 11-44

Distribution: Home Help Agencies and Individual Providers

Issued: October 1, 2011

Subject: Home Help Policy for the Adult Services Program

Effective: November 1, 2011

Programs Affected: Medicaid

The purpose of this bulletin is to provide notice of changes, clarifications, and updates for the Medicaid Home Help program. The Department of Human Services (DHS) policy for this program is found in the Adult Services Manual (ASM) in the Independent Living Services (ILS) sections. The ASM has been revised to incorporate policy changes previously published for the Home Help program as well as clarifications and revisions of the ILS policy and procedures for the Home Help program. The Adult Services Manual is available on the DHS public website under News, Publications and Information.

Previously, the Home Help policy and procedures were outlined in the DHS ASM under items ASM 312, Service Methodology; ASM 361, ILS Program Overview; ASM 362, ILS Requirements; ASM 363, ILS Program Procedures; and ASM 365, Appendix. The ILS series of the ASM has been re-sectioned and renumbered. The Home Help policy has been re-sectioned and renumbered in the DHS ASM as items 100 through 170.

Home Help Eligibility and Enrollment

One of the requirements for Medicaid beneficiaries to obtain eligibility for enrollment in the Home Help program is a DHS-54A, Medical Needs form completed by a Medicaid enrolled physician, nurse practitioner, physical therapist, or occupational therapist. Beneficiaries must provide a DHS-54A at the initial case opening and annually thereafter to remain eligible for home help services. For beneficiaries who are recipients of Supplemental Security Income (SSI) or disabled adult children (DAC), a DHS-54A is only required at the initial case opening while they are SSI or DAC recipients.

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Complex Care

Complex care refers to conditions that require intervention with special techniques or knowledge. The tasks are performed on clients whose diagnosis or condition requires more management. The conditions may also require special treatment and equipment with specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding
- Catheters or leg bags
- Colostomy care
- Bowel program
- Suctioning
- Specialized skin care
- Range of motion exercises
- Peritoneal dialysis
- Wound care
- Respiratory treatment
- Ventilators
- Injections

Home Help for Minor Children

When providing for minor children, personal care services must be shown to be a necessary supplement to usual parental care and evaluated for high service needs of the family. High service needs arise from a physical, medical, emotional, or mental impairment of the minor child and require significantly higher levels of intervention than those required by a child of the same age without similar impairments.

Individual and Agency Providers

- Individual providers must be 18 years or older.
- Home Help services cannot be paid to a fiscal intermediary.
- Agency providers must notify the adult services worker within 10 business days if there is a change of name or change of address. A new W-9 must be submitted to Vendor Registration.
- Agency/business providers must submit an invoice within 365 days of the last service date in a month or forgo payment. Example: March 20, 2010 was the last date in March that John Doe received services. The DHS must receive the invoice for March 2010 before March 31, 2011.

Federal Insurance Contributions Act (FICA)

- FICA rebates are issued to all providers who earn less than the gross limit set by the federal government (See www.irs.gov/pub/irs-pdf/p15.pdf). MDCH issues FICA rebates at the end of the calendar year.

W-2s and 1099

- Individual providers receive a W-2 based on wages paid in the calendar year.
- Agency providers receive a 1099 based on payment for services in the calendar year that qualify as income to the agency and must be reported to the Internal Revenue Service (IRS).
- For W-2/1099 corrections providers should contact Medicaid Provider Support.

Garnishment

Single party warrants are considered earnings to the provider and are subject to garnishment. Dual party warrants are not subject to garnishment.

New requests for garnishment should be forwarded to:

Michigan Department of Community Health
Office of Legal Affairs
201 Townsend
Lansing, Michigan 48913

Recoupment

In instances of an overpayment, the DHS Adult Services Specialist notifies the client or provider in writing of the overpayment (DHS-566 form). Overpayments returned to the local DHS fiscal unit must be forwarded to the MDCH Medicaid Collections Unit. The MDCH recoups (collect) overpayments. Repayment agreements for overpayments related to home help or adult community placement are established by the MDCH Medicaid Collections Unit.

Warrants Payment System

Payments for the home help and adult community placement programs are processed through the MDCH Adult Services Authorized Payments (ASAP) system.

Invalid provider tax identification numbers for home help agencies, adult foster care, or homes for the aged will result in adult services warrants not being issued. Warrants may be processed based on Single Party or Dual Party check payment (warrants are either dual or single party. Agency/business warrants are single party).

- Dual Party warrants are issued to both the beneficiary and home help provider.
- Single Party warrants are issued only in the provider's name.

The following MSA policy bulletins pertinent to Home Help to be retained have been incorporated into the Adult Services Manual:

Bulletin MSA 10-21, Home Help Provider Agreement
Bulletin MSA 10-04, Provider Registration Requirements
Bulletin MSA 09-59, Home Help Provider Wage Increase
Bulletin MSA 09-32, Home Help Provider Agency Policy Clarification
Bulletin MSA 08-28, Home Help Agency Rates
Bulletin MSA 07-58, Home Help Provider Services in the Workplace

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Denise Morrow
Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: MorrowD@michigan.gov

Comments received will be considered for revisions to the bulletin.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the DHS Adult Services Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration