

Bulletin Number: MSA 15-13

Distribution: Home Help Agency Providers, Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs)

Issued: May 1, 2015

Subject: Changes in Home Help Agency Provider Standards

Effective: June 1, 2015

Programs Affected: Home Help

A. BACKGROUND

The Home Help program is administered by the Michigan Department of Health and Human Services (MDHHS). The Home Help program 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). MDHHS is responsible for approving Home Help agency providers for participation in the program. The purpose of this policy is to provide standards for Home Help agency providers who wish to qualify for reimbursement at the higher agency rate.

B. PROVIDER QUALIFICATIONS

1. Agency Provider Definition

In order to qualify for reimbursement at the agency rate, the agency must be:

- A Medicaid-enrolled home health agency with Medicare certification and a Federal Tax Identification Number; **OR**
- An agency with a Federal Tax Identification Number that directly employs two or more workers, not including the owner, providing services through the Home Help program; **OR**
- A Community Mental Health Services Program (CMHSP) that contracts with clients who use arrangements that support self-determination to directly employ workers.

2. Criminal History Screening

Agency owners and all agency employees that either provide Home Help services or have access to a client's home are subject to criminal history screenings and program exclusions consistent with provisions outlined in Bulletins MSA 14-31 and MSA 14-40. Owners and agency personnel must register in the Community Health Automated Medicaid Processing System (CHAMPS) for MDHHS to conduct the screenings. The Personal Choice and Acknowledgement of Provider Section of Bulletin MSA 14-40 may only be applied to Home Help agency personnel that provide direct personal care services to a Medicaid beneficiary per the provisions set forth in that bulletin, but may not be applied to other agency staff.

MSA bulletins can be found on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms.

C. PROVIDER OPERATING STANDARDS

1. Employee Identification

Agency staff that has direct contact with clients must carry and present a State or Home Help agency issued photo identification whenever they enter a client's home.

2. Recruitment and Marketing

Agencies shall not engage in any agency-initiated direct communication with current clients, their guardians or family members for the purpose of recruiting current individual Home Help providers to serve as an agency's employee. Agencies may conduct standard employee recruitment (e.g. posting openings) and general advertising.

3. Non-Competition Conditions

The agency will neither have nor enforce any agreements or requirements that prohibit an individual employee from working with a different Home Help client or for another agency provider after ending employment with the first agency, regardless of when the agreement was signed.

4. Payment for Services

The agency will accept the authorized Home Help payment as payment in full for Home Help services rendered. Clients shall not be required or solicited to supplement Home Help payments.

D. AGENCY ENROLLMENT AND DISENROLLMENT

1. Approval Process

Agencies seeking to provide services in the Home Help program must be approved by MDHHS before they are approved for the agency rate. The agency must submit to MDHHS a letter of intent, which needs to include contact information for the Home Help agency owner and administrator, and assure that the agency will provide services in compliance with Home Help policies and procedures. In addition:

- A Medicaid-enrolled home health agency must provide a copy of current Medicare certification.
- All other agencies must provide each of the following:
 - A current copy of the Employer's Quarterly Federal Tax Return (IRS-941) demonstrating that the Federal Insurance Contributions Act (FICA) tax is paid on a quarterly basis; and
 - A current copy of the Employer's Quarterly Tax Report (UIA-1028) demonstrating the agency's payment of state unemployment insurance.
- An agency that has not provided services at the time of application must provide a letter of intent, Request for Taxpayer Identification Number and Certification (W-9) form, and a copy of the Internal Revenue Service (IRS) W-4 form for at least two employees, not including the owner. The agency then must submit the IRS-941 and UIA-1028 within 120 days or its agency approval will be terminated. If the documentation is not provided within the time limit, the agency's payment authorization will be changed from the agency hourly rate to the individual hourly rate. Submit documentation by email to MDCH-MSA-HHProviderReporting@michigan.gov, by fax to 517-335-7959, or by postal mail to:

MDHHS Long-Term Care Policy
Capitol Commons Center, 6th Floor
400 S. Pine St.
Lansing, MI 48913

The agency will be notified in writing of its approval, denial or the need for additional information within 30 days. Application directions can be found online at: www.michigan.gov/homehelp.

2. Provider Registration

Agencies and workers must register in CHAMPS as noted in the above Criminal History Screening subsection of this bulletin. Also, in order to receive payment for Home Help services, an agency must register with the State of Michigan by submitting a Request for Taxpayer Identification Number and Certification (W-9) to Vendor Registration online at www.mi.gov/cpexpress, by fax to 517-373-0297, or by postal mail to:

State of Michigan
Payee Registration
P.O. Box 30026
Lansing, MI 48909

3. Reporting

- Agencies must notify MDHHS of any changes affecting provider enrollment information. Failure to notify MDHHS within 10 business days may result in the termination of the provider's enrollment, the lapse of eligibility for agency provider reimbursement rates, or the denial of claims for services provided.
- MDHHS will audit employment documents for a sample of agencies each year. An agency selected for audit will be required to provide current copies of the enrollment documents cited above under Approval Process and Provider Registration.
- Agencies must provide business transaction information to MDHHS upon request.

4. Agency Disenrollment

MDHHS may disenroll an agency for any of the following reasons:

- An agency may be disenrolled if the agency or any of its employees are found guilty of Medicaid fraud; or client abuse, exploitation or neglect.
- An agency may be suspended if it is being investigated for fraud, abuse, exploitation or neglect, pending the outcome of the investigation.
- An agency may be disenrolled for falsifying information in its application documents, provider agreement, quarterly reporting, service verification or billing.
- An agency may be disenrolled if it fails to meet any of the requirements in this policy.

When an agency is disenrolled, any authorizations for Home Help payments are terminated in the state payment system, and notice is sent to the agency and all affected clients and local MDHHS offices within 10 business days of MDHHS's determination of ineligibility.

5. Appeals

MDHHS will inform an agency of disenrollment through a negative action notice. The agency may appeal within 90 days to the Michigan Administrative Hearing System. If a disenrolled agency appeals, the existing Home Help contracts will remain in effect until a decision has been rendered. During this time, the Home Help client continues to have the right to terminate the provider at any time and without cause.

Manual Maintenance

Retain this bulletin until the information is incorporated into the 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-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

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration