

**Bulletin Number:** MMP 23-03

**Distribution:** Home Help Providers

**Issued:** December 29, 2022

**Subject:** Home Help Payments on the Date of Hospital Admission

**Effective:** February 1, 2023

**Programs Affected:** Medicaid, Healthy Michigan Plan

Effective February 1, 2023, a Home Help provider may receive payment for services provided on the Home Help client's hospital admission date if the Home Help client had active Medicaid on the date the services were provided and the Home Help provider:

- Provided the services on or after February 1, 2023.
- Provided the services in the Home Help client's home or workplace. **NOTE:** Laundry and shopping authorized to be done outside the Home Help client's home may be eligible for payment if completed before the time the Home Help client was admitted to the hospital.
- Provided the services before the time the Home Help client was admitted to the hospital.
- Logs the services provided on the service verification. **NOTE:** The MSA-1904 Home Help Agency Invoice is the Home Help agency provider's service verification. The Home Help individual caregiver's service verification is either the Community Health Automated Medicaid Processing System (CHAMPS) Electronic Service Verification (ESV) or the Paper Service Verification (PSV).
- Submits a completed, signed and dated BPHASA-2207 Home Help Billing for Hospital Admission Date form to the Home Help client's adult services worker (ASW) or local MDHHS office as soon as possible after learning the Home Help client was admitted to a hospital but no later than 365 days from the date of service.

If the BPHASA-2207 is approved, payment will be based on the total amount of authorized time for the tasks documented on the Home Help provider's service verification. It will not be based on the time in and time out documented on the BPHASA-2207.

### **Submitting the BPHASA-2207 With the Service Verification**

Effective with Home Help services provided on or after February 1, 2023, the Home Help provider may send the BPHASA-2207 to the client's ASW or local MDHHS office when they submit the service verification. The Home Help provider may submit the BPHASA-2207 any time after the Home Help client's hospital admission date but no later than 365 days later. The BPHASA-2207 may be submitted in person or by fax, U.S. mail, or email.

- Home Help agency providers may send the BPHASA-2207 with the MSA-1904.
- Home Help individual caregivers who use the ESV will need to send the BPHASA-2207 to the client's ASW or local MDHHS office after they submit the ESV.
- Home Help individual caregivers who use the PSV must send the BPHASA-2207 separately from the PSV. The fax number and mailing address on the PSV will not route the BPHASA-2207 to the client's local MDHHS office.

**NOTE:** Hospitalization data is not always available when the Home Help client's ASW processes payment. If MDHHS finds that the time span on the BPHASA-2207 overlaps with the time the hospital reports the Home Help client was admitted to the hospital, MDHHS may recoup the portion of the Home Help payment for this day of service.

### **Submitting the BPHASA-2207 After the Service Verification**

A Home Help provider that did not submit the BPHASA-2207 with the service verification may still receive payment for services provided on the Home Help client's hospital admission date if:

- The services are logged on the service verification.
- The Home Help provider completes and submits the BPHASA-2207 within 365 days of the date of service. **NOTE:** The service date must be on or after February 1, 2023.
- The time the services were provided does not overlap with the time the Home Help client was admitted to the hospital.

### **Changes to the Home Help Recoupment Process**

Currently, ASWs receive a monthly report of Home Help client hospitalizations. ASWs use the report to recoup payment for services provided on the Home Help client's hospital admission date.

Effective with services provided on or after February 1, 2023, MDHHS will send the BPHASA-2207 to Home Help providers listed on the hospitalization report in the month before recoupments begin. MDHHS will mail the BPHASA-2207 to the Home Help provider's correspondence address in CHAMPS. The Home Help provider can also download a fillable copy of the BPHASA-2207 from the Home Help webpage at [www.michigan.gov/homehelp](http://www.michigan.gov/homehelp).

**The Home Help provider should return the completed, signed and dated BPHASA-2207 to the Home Help client's ASW or local MDHHS office before the first of the month following the date MDHHS sent the form. Otherwise, MDHHS will recoup payment for services provided on the Home Help client's hospital admission date.**

If the Home Help provider is unable to return the BPHASA-2207 in time to avoid recoupment, they may be eligible for repayment of recouped funds. The Home Help provider has 365 days from the Home Help client's hospital admission date to submit a completed, signed and dated BPHASA-2207 to the Home Help client's ASW or local MDHHS office.

## Manual Maintenance

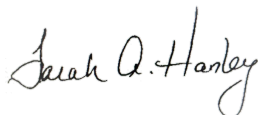
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## 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](mailto: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. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



Farah Hanley  
Chief Deputy Director for Health

Michigan Department of Health and Human Services  
**HOME HELP BILLING FOR HOSPITAL ADMISSION DATE**

A Home Help provider may be paid for services on the day the Home Help client was admitted to a hospital if:

- The services were provided on or after February 1, 2023.
- The services were provided before the time the Home Help client was admitted to the hospital.
- The services were provided in the Home Help client's home or workplace. **NOTE:** Laundry and shopping authorized to be done outside the Home Help client's home may be eligible for payment if completed before the time the Home Help client was admitted to the hospital.
- The Home Help client has active Medicaid.
- The provider logs the tasks they provided on the service verification. Individual caregivers must log the tasks on the Electronic Service Verification (ESV) or Paper Service Verification (PSV). Agency providers must log the tasks on the MSA-1904 Home Help Agency Invoice.
- The provider fills out, signs and dates this form and sends it to the Home Help client's adult services worker or local MDHHS office within 365 days of the date of service.

**How to Complete and Submit this Form**

**SECTION 1:** Fill in the Home Help client's first and last name. Fill in the Home Help client's Medicaid identification (ID) number if available.

**SECTION 2:** Fill in the Home Help provider's information. An individual caregiver fills in their first and last name and provider ID number. A Home Help agency provider fills in:

- The name of the agency.
- The agency's provider ID number.
- The first and last name of the agency caregiver who provided services to the Home Help client on the hospital admission date.
- The agency caregiver's provider ID number.

**SECTION 3:** Fill in the date and time the services were provided, including:

- The date the Home Help client was admitted to the hospital.
- The time Home Help services began and the time Home Help services ended. Times must be recorded in an hh:mm format. "AM" or "PM" must be checked.

**SECTION 4:** This section must only be signed by an individual caregiver employed by the Home Help client or an authorized Home Help agency representative. An authorized Home Help agency representative is a person who is authorized to act on behalf of the agency owner. The signature must be handwritten.

**HOW TO SUBMIT THIS FORM:** Email, mail, fax, or drop off the form to the Home Help client's adult services worker or local MDHHS office. To be eligible for payment, the form must be submitted within 365 days of the Home Help client's hospital admission date.

**HOW TO RETAIN THIS FORM:** Keep a copy of the completed form in a secure place for seven years after the signature date in Section 4 of the form.

**HOME HELP BILLING FOR HOSPITAL  
ADMISSION DATE**

Michigan Department of Health and Human  
Services

Case Log Number
Local MDHHS Office
Adult Services Worker Name

**SECTION 1 – Home Help Client Information**

Home Help Client Name	Medicaid ID Number

**SECTION 2 - Home Help Provider Information**

Individual Caregiver or Agency Provider Name	Provider ID Number
<b>For Agency Providers Only:</b>	
Name of Agency Caregiver Who Provided Services	Provider ID Number

**SECTION 3 – Date and Time Home Help Services Were Provided**

Date of Hospital Admission	Time Home Help Services Began		Time Home Help Services Ended			
	hh:mm	AM <input type="checkbox"/>	PM <input type="checkbox"/>	hh:mm	AM <input type="checkbox"/>	PM <input type="checkbox"/>

**NOTE: TO BE ELIGIBLE FOR PAYMENT, THE SERVICES PROVIDED ON THIS DATE MUST BE LOGGED ON THE HOME HELP PROVIDER'S SERVICE VERIFICATION.**

**SECTION 4 – Attestation**

By signing below, I affirm that: <ul style="list-style-type: none"><li>The information above and on the service verification is correct and true. The provider listed in Section 2 of this form provided the services before the time the Home Help client was admitted to the hospital.</li><li>I know that billing for services that were not provided is fraud. I know it could result in provider termination or suspension from Medicaid programs; recoupment of the funds paid for the services; and criminal conviction. A criminal conviction could result in a fine up to \$50,000 and a prison sentence of four to ten years for each count.</li></ul>	
Individual Caregiver or Authorized Agency Representative Signature	Date Signed

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

COMPLETION: Is voluntary, but is required if Medical Assistance program payment is desired  
AUTHORITY: Title XIX of the Social Security Act and Administrative Rule 400.1104(a)