Michigan Department of Health and Human Services
Program Policy Division PO Box 30809
Lansing MI 48909

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

December 18, 2025

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Home Help Provider:

RE: Change in Procedure for Form BPHASA-2207 Home Help Billing for Hospital Admission Date

Beginning January 1, 2026, the Michigan Department of Health and Human Services (MDHHS) will no longer mail form BPHASA-2207 Home Help Billing for Hospital Admission Date to Home Help providers. Instead, Home Help providers will need to download the BPHASA-2207 or get a copy of the form from their county MDHHS office.

WHAT IS THE BPHASA-2207?

MDHHS pays for Home Help services provided on the day a Home Help client is admitted to a hospital. To be eligible for payment, the services must be provided **before the time** the client is admitted to the hospital.

A Home Help provider must use the BPHASA-2207 to document the times they began and ended Home Help services. MDHHS uses this information to ensure the time Home Help services were provided was earlier than the time the client was admitted to the hospital.

WHAT IS CHANGING?

Since April 2023, MDHHS has mailed a copy of the BPHASA-2207 to Home Help providers of clients listed on a monthly hospitalizations report. Very few providers returned the completed BPHASA-2207 to MDHHS. **Effective January 1, 2026, MDHHS will no longer mail the BPHASA-2207 to providers.**

A copy of the BPHASA-2207 is included with this letter. You can also download the form from the MDHHS Home Help webpage or request a copy of the form from your county MDHHS office. To download the form, go to www.michigan.gov/homehelp then click on

the Tools and Resources button at the bottom of the page. The Tools and Resources page includes links to Microsoft Word and Adobe PDF versions of the form.

HOW DO I KNOW IF I CAN BE PAID FOR THE HOME HELP SERVICES I PROVIDED ON THE CLIENT'S HOSPITAL ADMISSION DATE?

If you can answer "Yes" to **ALL** the following questions, you may be eligible for payment if you submit a completed, signed and dated BPHASA-2207 to the client's county MDHHS office.

☐ Yes	☐ No	Did you provide Home Help services ON THE DAY the Home Help client was admitted to the hospital?
☐ Yes	☐ No	Did you provide the Home Help services BEFORE THE TIME the Home Help client was admitted to the hospital?
☐ Yes	☐ No	Did you help with tasks you are authorized to provide? Authorized tasks are listed on your Provider Time and Task.

HOW DO I BILL FOR THE HOME HELP SERVICES I PROVIDED ON THE CLIENT'S HOSPITAL ADMISSION DATE?

Step 1: Make sure your service verification includes all the authorized tasks you provided on the client's hospital admission date. If you are an **individual caregiver**, check the tasks on your Electronic Service Verification (ESV) or Paper Service Verification (PSV). If you are an **agency provider**, check the tasks on your Form MSA-1904 Home Help Agency Invoice.

Step 2: Fill out, date, and sign the BPHASA-2207.

Step 3: Send the BPHASA-2207 to the Home Help client's adult services worker or local MDHHS office immediately but no later than 365 days from the date of service. To get the address for the client's local MDHHS office, go to https://www.michigan.gov/mdhhs/inside-mdhhs/county-offices.

WHAT IF I WAS ALREADY PAID FOR THE HOME HELP SERVICES I PROVIDED ON THE CLIENT'S HOSPITAL ADMISSION DATE?

To keep the payment, you must submit the BPHASA-2207. It includes information MDHHS needs to make sure we can pay for the services. **If you do not submit the form timely, MDHHS will recoup the payment**. To avoid recoupment, send the form to the client's adult services worker or local MDHHS office as soon as possible after the client's hospitalization.

If you have questions about the BPHASA-2207, please contact the Home Help client's adult services worker or local MDHHS office.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

Meghan E. Groen , Chief Deputy Director
Michigan Department of Health and Human Services

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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

HOME HELP BILLING FOR HOSPITAL ADMISSION DATE

Michigan Department of Health and Human Services

Case Log Number
Local MDHHS Office
Adult Services Worker Name
Adult Services Worker Email Address

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
For Agency Providers Only:	
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 ☐	PM ☐	hh:mm	AM ☐	PM ☐
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:

- 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.
- 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.
- I know that all information contained in this form is confidential and remains the property of MDHHS. I agree to maintain the confidentiality of any information provided to me by MDHHS and will follow all applicable state or federal laws concerning the confidentiality of the information therein. I will use appropriate safeguards to prevent unauthorized use or disclosure of the information contained in this form. If there is an unauthorized disclosure of the confidential information contained in this form or if this form is lost or stolen, I will contact the appropriate MDHHS staff member for further assistance within 24 hours of the unauthorized disclosure, lost, or theft becoming known to me.

Individual Caregiver or Authorized Agency Representative Signature	Date Signed