

HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS

Michigan Department of Health and Human Services

The purpose of this form is to help agency applicants understand and comply with Home Help employment policies. The form contains a subset of the policies that an approved agency provider must follow. For a full list of Home Help policies, see the Home Help chapter in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual.

Instructions for Completing this Form

SECTION 1: Enter the agency's full legal name and Employer Identification Number and the first and last name of the person completing the form. The form must be completed by an agency owner or managing employee. For definitions of these terms, see the Common Terms Section of the Home Help chapter in the MDHHS Medicaid Provider Manual.

SECTION 2: Review the policies and sign and date this section to affirm the agency's understanding of and agreement to comply with the policies. The signature must be handwritten. If the agency has questions about the policies, contact the MDHHS Home Help Policy Section at MDHHS-HHProviderQuestions@michigan.gov.

SECTION 3: Complete this section only if the agency currently employs at least two directly hired agency caregivers other than the agency owner who will provide Home Help services. All the agency's directly hired agency caregivers should be listed. Do not include the agency owner(s). If additional space is needed, submit a separate document listing the additional agency caregiver names and provider ID numbers (if available). ***If the agency does not employ a minimum of two directly hired agency caregivers, skip to Section 4.***

SECTION 4: ***Complete this section only if the agency is unable to complete Section 3.*** In the space provided, briefly summarize the agency's plan for recruiting and directly hiring at least two agency caregivers other than the agency owner.

SUBMISSION INSTRUCTIONS: The completed form should be emailed with agency application documents to MDHHS-HHProviderQuestions@michigan.gov.

DOCUMENT RETENTION REQUIREMENTS: Retain a copy of the completed form in a secure location for seven years after the signature date in Section 2 of the form.

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SECTION 1 – AGENCY APPLICANT INFORMATION

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|---|--------------------------------|
| Agency Name | Employer Identification Number |
| Name of Agency Owner or Managing Employee Completing the Form | |

SECTION 2 – ACKNOWLEDGEMENT OF AGENCY PROVIDER EMPLOYMENT POLICIES

By signing below, I affirm I understand and agree to ensure full agency compliance with the following agency provider employment policies:

- Agency caregivers who provide Home Help services must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) as atypical individual providers and associated to the agency prior to providing Home Help services. The date of association must not be earlier than the date the criminal history check was completed.
- An agency caregiver who provides Home Help services must be present during the submission of their CHAMPS enrollment application or complete the MSA-204 Home Help Agency Caregiver Enrollment Authorization form prior to the agency provider enrolling them in CHAMPS.
- Agency employees who have access to client information for the purposes of billing, answering phone calls, or assisting with setting up services for the client must be listed in the agency provider's CHAMPS enrollment in "Step 9: Provider Controlling Interest/Ownership Details" prior to accessing the information.
- The agency provider must directly employ all agency caregivers and agency employees who work with Home Help clients. Agency caregivers and agency employees may not subcontract services to persons who are not directly employed by the agency provider. Medicaid will not reimburse an agency provider for services that were provided by a contracted agency caregiver.
- The agency provider must directly employ a minimum of two agency caregivers, not including the owner, who provide services through the Home Help program and regularly receive a monthly paycheck.
- The agency owner(s) must ensure all agency caregivers and agency employees who work with Home Help clients know and comply with Home Help policy.
- When MDHHS determines it paid for services provided by one or more agency caregivers and/or agency employees who were not in compliance with Home Help policy, MDHHS will recoup the overpayments from the agency provider.

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| Agency Owner or Managing Employee Signature | Date Signed |
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SECTION 3 – CURRENT AGENCY CAREGIVERS

Complete this section only if the agency currently employs at least two directly hired agency caregivers **other than the agency owner** who will provide Home Help services. If the agency does not meet this staffing level, skip to Section 4. See the instructions page for more guidance on completing this section.

| Names of Directly Hired Agency Caregivers | Provider ID Numbers (If available) |
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SECTION 4 – AGENCY CAREGIVER RECRUITMENT PLAN

Complete this section only if the agency is unable to list directly hired agency caregivers in Section 3 of this form. See the instructions page for more guidance on completing this section.

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.

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.