

Home Help Services Agreement Instructions for Completion

The purpose of this form is to document the following:

- Certain terms agreed upon by an individual caregiver or agency provider rendering Home Help services to a Medicaid beneficiary.
- The mutual understanding of those terms by both individual caregiver or agency provider and beneficiary (or the beneficiary's guardian) as indicated by their signatures.
- Positive identification of the individual caregiver by means of government-issued photo ID. For an agency provider, all representatives present at the time of form submission may be asked to show their government- or employer-issued photo ID. Only the agency owner or an agency representative/resident agent or agency caregiver who is authorized to act on behalf of the owner may sign the form.
- The beneficiary and the individual caregiver understand that the beneficiary, NOT the STATE of MICHIGAN, is the employer of the individual caregiver. The beneficiary and the agency provider understand that the beneficiary, NOT the STATE of MICHIGAN, is the individual requesting the agency provider's services.

Completion Instructions:

- Michigan Department of Health and Human Services (MDHHS) Adult Services Worker must complete this form indicating the terms of the beneficiary/provider agreement.
- Both beneficiary and provider must read and sign this form indicating their understanding of the terms of this agreement.
- The MDHHS Adult Services Worker will make TWO copies of the completed and signed form and TWO copies of the provider's approved Time and Task, then give one copy to the beneficiary, one copy to the individual caregiver or agency provider, and place the originals in the MDHHS beneficiary file.

Glossary:

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|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Agency Caregiver | The agency's direct care worker. This caregiver provides personal care services to a MDHHS Home Help client. |
| Agency Owner(s) | Possesses 5% or greater direct or indirect ownership interest of the agency and/or person with control interest. |
| Agency Representative/ Resident Agent | An individual who is authorized to act on behalf of the agency owner. |
| Individual Caregiver | A direct care worker employed by a MDHHS Home Help client. This caregiver provides personal care services to the client. |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

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 SERVICES AGREEMENT

Michigan Department of Health and Human Services

| | |
|-----------------------|---------------------------------------|
| Case Log Number | |
| Local MDHHS Office | |
| Adult Services Worker | Adult Services Worker Phone Number |

See Page 1 for Instructions and the Purpose of this form.

SECTION 1 - Beneficiary Information

| | | | |
|------------------------------------------------------------------|-------|----------|---------------------------------------|
| Beneficiary Name | | | Medicaid ID Number |
| Beneficiary Address (number and street, apartment/lot number) | | | Date of Birth |
| City | State | ZIP Code | Telephone Area Code and Number () |

SECTION 2 - Home Help Individual Caregiver or Agency Provider Information

| | | | |
|---------------------------------------------------|-------|----------|---------------------------------------|
| Individual Caregiver or Agency Provider Name | | | Provider ID Number |
| Address (number and street, apartment/lot number) | | | Telephone Area Code and Number () |
| City | State | ZIP Code | Verification of Photo ID made by |
| If related to the beneficiary, state relationship | | | |

SECTION 3 – Home Help Services Schedule

- Approved services are displayed in the provider's approved Time and Task schedule.
- Total hours per month include travel time for shopping and laundry.
- Total time billed must not exceed the provider's approved Time and Task schedule for the billing period.
- Authorized payments will not include billed time in excess of the approved amount.

SECTION 4 – Terms of Beneficiary and Individual Caregiver/Agency Provider Agreement

By my signature below, I agree to the following agreement terms and understand:

- The **individual caregiver** is an employee of, and provides Home Help services to, the above-named beneficiary who has the right to hire and fire the individual caregiver. Serving as a Home Help individual caregiver does NOT make the individual caregiver an employee or a subcontractor of the Michigan Department of Health and Human Services (MDHHS) or the State of Michigan.
- The **agency provider** renders Home Help services to the above-named beneficiary, who has the right to terminate services with the agency provider at any time. Providing services to the above-named beneficiary does NOT make the agency provider a contractor of MDHHS or the State of Michigan.
- The individual caregiver/agency provider must comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).
- If the individual caregiver/agency provider is paid for services he or she did not provide, the individual caregiver/agency provider must repay the State of Michigan. Grounds for repayment include, but are not limited to, billing for services delivered when the provider and/or client was unavailable. This may include client hospitalization or nursing facility admission.
- The individual caregiver/agency provider agrees to accept payments issued by MDHHS as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
- The individual caregiver must submit an electronic services verification (ESV) or paper services verification (PSV) each month to report the services he or she provided before payment is released. The agency provider must submit a monthly invoice with a record of services provided before payment is released.
- In order to receive payment, the individual caregiver/agency provider must keep and submit to MDHHS or their designee any and all records necessary to disclose the extent of services provided to the beneficiary. The individual caregiver/agency provider must retain the records for seven years from the date of service.
- The individual caregiver/agency provider must cooperate with MDHHS or their designee regarding any audits, investigations or inquiries related to Home Help services provided.
- An individual caregiver on public assistance will report this employment to their Eligibility Specialist/Family Independent Specialist at MDHHS.
- The Home Help program is funded by Medicaid. Payments will not be approved by the Department if the beneficiary's Medicaid eligibility is inactive.
- The beneficiary may change the work schedule at any time. Any change should be reported to the MDHHS Adult Services Worker within 10 business days.
- Any changes, including but not limited to, beneficiary hospitalizations, nursing facility admission, address change, or discontinuation of services provided, will be reported to the MDHHS Adult Services Worker within 10 business days by the beneficiary and/or individual caregiver/agency provider.
- The individual caregiver/agency provider must report all changes affecting provider enrollment by updating the information in CHAMPS within 10 calendar days. This includes, but is not limited to, changes in address, telephone number, email, agency ownership, agency contact name or an agency caregiver or agency employee.

Individual Caregiver Employee or Agency Provider

Date Signed

Beneficiary / Employer (Guardian when applicable)

Date Signed