

## Home Help Services Agreement Instructions for Completion

### This form documents the following:

- The Home Help provider and Home Help client (or their guardian) each understand the terms in Section 4 of the form. The provider agrees to the terms.
- The Michigan Department of Health and Human Services (MDHHS) adult services worker identified the individual caregiver with the use of a 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 agency owner may sign the form.
- The Home Help client and **the individual caregiver** understand that the Home Help client, NOT the State of Michigan, is the individual caregiver’s employer. **OR** The Home Help client and the **agency provider** understand that the Home Help client, NOT the State of Michigan, requests the agency provider’s services.

### Completion Instructions:

- The MDHHS adult services worker completes Sections 1 through 3 of the form and reviews the terms in Section 4 of the form with the provider and the Home Help client.
  - Both the Home Help client and provider read and sign Section 4 of the form to confirm their understanding of the terms of this agreement.
  - The MDHHS adult services worker makes TWO copies of the completed and signed form and TWO copies of the provider’s approved Time and Task, gives copies of both documents to the Home Help client and the provider, and places the originals in the Home Help client file.

### Glossary:

Agency Caregiver	A direct care worker employed by the agency provider. This individual provides Home Help personal care services to the 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 directly by the Home Help client. This individual provides Home Help personal care services to the Home Help client.

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 SERVICES AGREEMENT

Michigan Department of Health and Human  
Services

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

## SECTION 1 - Home Help Client Information

Client Name		Medicaid ID Number	
Client 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 Home Help client, what is the relationship?			

## SECTION 3 – Home Help Services Schedule

<ul style="list-style-type: none"><li>• Approved services are listed in the provider's Time and Task.</li><li>• Total time per month includes travel time for shopping and laundry.</li><li>• The provider must not bill more time than the total time listed on the provider's Time and Task for the billing period.</li><li>• Home Help payments will not include billed time for more than the total time listed on the provider's Time and Task.</li></ul>
Start Date of Service:

## SECTION 4 – Terms of Home Help Client and Individual Caregiver/Agency Provider Agreement

By signing below, I agree to the following terms and understand:

- The **individual caregiver** is the Home Help client's employee. The individual caregiver is not employed by MDHHS or the State of Michigan. The Home Help client ("client") has the right to hire and fire the individual caregiver.
- The **agency provider** provides Home Help services to the client. The agency provider is not a contractor of MDHHS or the State of Michigan. The client has the right to end services with the agency provider at any time.
- The individual caregiver/agency provider ("provider") must follow all privacy, security, and confidentiality laws on the use and sharing of the Home Help client's protected health information (PHI).
- If the provider is paid for services they did not provide, they must repay the State of Michigan. Reasons for repayment include, but are not limited to, billing for services during a time when the provider or client was not available.
- The provider agrees to only receive payment from MDHHS for the services paid by Medicaid. They will not seek or accept payments from the client or any other source.
- MDHHS will only pay for Home Help services after the provider submits a record of services provided. The individual caregiver must submit an electronic services verification (ESV) or paper services verification (PSV). The agency provider must submit an MSA-1904 Home Help Agency Invoice. Failure to submit a service verification within 365 days of the service date will result in non-payment.
- The provider must use Electronic Visit Verification (EVV) to document all Home Help services provided unless exempt from using EVV.
- The provider must give MDHHS all records needed to show the services they provided to the client. The provider must keep a copy of these records for seven years from the date of service.
- The provider must cooperate with MDHHS on any audits, investigations, or requests for information about Home Help services provided.
- An individual caregiver on public assistance must report Home Help payments to their MDHHS Eligibility or Family Independent Specialist.
- MDHHS will only pay for Home Help services provided while the client had active Medicaid.
- The client may change the work schedule at any time. Any change should be reported to the client's adult services worker within 10 business days.
- The client or provider must let the client's MDHHS adult services worker know of any changes with the client within 10 business days. This includes, but is not limited to, a change in the client's address or the client being admitted to a hospital, staying in a nursing facility, or ending Home Help services.
- If the information in the provider's CHAMPS enrollment changes, the provider must update it in CHAMPS within 10 calendar days. This includes, but is not limited to, changes in address, phone number, and email. Agency providers must also report changes in agency ownership, caregivers who work with clients, and employees who access client information.

Individual Caregiver / Employee or Agency Provider

Date Signed

Home Help Client / Employer (Guardian when applicable)

Date Signed