PARTNERSHIPS

The adult services worker (ASW) has a critical role in developing and maintaining partnerships with community resources. To facilitate these partnerships the adult services worker will:

- Advocate for programs to address the needs of clients.
- Emphasize client choice and quality outcomes.
- Encourage access and availability of supportive services.
- Work cooperatively with other agencies to ensure effective coordination of services.
- Coordinate available resources with Home Help services in developing a plan of care that addresses the full range of client needs.

The Medicaid State Plan program for personal care services is Home Help. Medicaid (MA) also includes several other programs, listed below, with personal care services. ASWs should be familiar with each of the programs to help clients understand what resources are available to them.

COMMUNITY MENTAL HEALTH (CMH)

Many clients are eligible to receive both Home Help services and mental health services through the local Community Mental Health Services Programs (CMHSPs) or Prepaid Inpatient Health Plans (PIHPs). ASWs should contact their local CMH for procedures on how to obtain protected client information for mutual clients.

Clients who live in unlicensed settings where Home Help services may be provided include:

- Own home/apartment, either living alone or with roommates or relatives. The client's name is on the lease or mortgage.
- Home of a family member.
- Supported independent setting (formerly called SIP homes). The lease is held by an individual that is **not** also the individual caregiver or agency provider/caregiver of other services such as Home Help.

Note: The instrumental activities of daily living (IADLs) in shared living arrangements must be divided by **one half** unless justified.

Community Living Supports (CLS)

Clients eligible for Home Help services authorized by the adult services worker may also receive Community Living Supports (CLS) authorized through the local Community Mental Health Services Programs (CMHSPs) or Prepaid Inpatient Health Plans (PIHPs). Community Living Supports services cannot **duplicate** or **replace** Home Help services. Clients who are seeking personal care services and are eligible to receive services through both programs must first apply for Home Help services as Home Help is the first payer.

The client's plan should clearly identify where Home Help and Community Living Supports are **complementary**. The ASW determines the need for services based on the MDHHS-5534, Adult Services Comprehensive Assessment. If the client is receiving the maximum authorized time through Home Help and still needs additional hands-on assistance with some ADLs and/or IADLs in order to remain at home, Community Living Supports services may be used to provide that additional direct physical assistance which exceeds the cost of care determined by the Michigan Department of Health and Human Services (MDHHS) comprehensive assessment.

Unlike Home Help, which only provides direct hands-on assistance with ADLs and IADLs, Community Living Supports services typically are used for skill development or supervision. In such situations, the use of both Home Help and Community Living Supports is permitted as the services are **different** and **not a duplication**.

The Community Living Supports services may not supersede or replace Home Help services. The client must exhaust all available services under Home Help before seeking Community Living Supports.

HOME HEALTH CARE

Home Health services must be ordered by a physician and provided by a Medicare certified Home Health agency. Home Health is intended for individuals requiring services on an intermittent basis. To enroll with Medicaid, Home Health agencies

must be Medicare certified. This is accomplished through an accrediting agency such as Accreditation Commission for Health Care (ACHC) or Community Health Accreditation Partner (CHAP).

Funded by Medicaid

Medicaid will pay for the following services for eligible clients:

- Nursing services provided by or under the supervision of a registered nurse on an intermittent basis including, but not limited to:
    - Administration of prescribed medications which cannot be self-administered.
    - Changing of in-dwelling catheters.
    - Applications of dressings involving prescribed medications and aseptic techniques.
    - Teaching the beneficiary, available family member, willing friend or neighbor, and/or caregiver to carry out nursing services.
    - Observation and evaluation of a beneficiary whose condition is unstable or to ensure stability of a beneficiary who has an established disability or frail condition.
- Physical therapy.
- Occupational therapy.
- Speech therapy.
- Medical supplies, durable medical equipment, and appliances when provided in conjunction with nursing, physical therapy, or occupational therapy services.
- Aide services.

If aide services are ordered without an accompanying need for nursing services, personal care by a Home Help individual caregiver or agency provider may be more appropriate.

Questions regarding Home Health services or possible duplication of services should be directed to:

Michigan Department of Health and Human Services

Home Help Policy Section
Capitol Commons Center
400 S. Pine Street
Lansing, MI 48909
MDHHS-Home-Help-Policy@michigan.gov

Funded by Medicare

Medicare may cover Home Health services for individuals who are:

- Over age 65.
- Some disabled people under age 65.
- People of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant).

Medicare can pay for the following part-time and/or intermittent services if medically necessary and ordered by a physician:

- Skilled nursing services.
- Physical therapy.
- Speech therapy.
- Medical social work.
- Home Health aide.
- Occupational therapy.

If the client needs any of the above services, Medicare may also cover medical supplies and/or durable medical equipment if medically necessary and ordered by a physician.

Home Help personal care services may be authorized in addition to Home Health care if they do not duplicate services provided by the Home Health agency.

Example: Mr. Brown receives assistance with bathing from the Home Health aide on Monday, Wednesday, and Friday. The adult services worker may approve assistance for bathing for the remaining days, if needed.

AREA AGENCIES ON AGING (AAA)

Refer clients 60 years old and above who are **not** Medicaid eligible to an Area Agency on Aging (AAA) for personal care/chore services.

For a list of Michigan's sixteen Area Agencies on Aging and the services they provide see: https://4ami.org/.

MI CHOICE WAIVER

The MI Choice waiver program provides home and community-based services for individuals:

- Aged (65 and over) and disabled persons 18 and over who meet the MA nursing facility level of care.
- Who require at least two MI Choice services on a continual basis, one of which must be supports coordination.
- Meet Medicaid financial eligibility criteria; see BEM 106, MA Waiver for Elderly and Disabled.

The Michigan Department of Health and Human Services, Home and Community Based Services Section, administers the waiver through contracts with Pre-paid Ambulatory Health Plan (PAHP), commonly referred to as waiver agencies. For a list of the waiver agencies see **Exhibit II in BEM 106.**

Services covered under the waiver include:

- Adult day health.
- Chore services.
- Community Health Worker.
- Community living supports.
- Community Transportation.
- Counseling.
- Environmental accessibility adaptations.
- Fiscal intermediary.
- Goods and services.
- Non-medical transportation.
- Nursing services.
- Personal emergency response systems.
- Private duty nursing/respiratory care.
- Respite.
- Specialized medical equipment and supplies.
- Supports coordination.
- Training.

MI Choice participants **cannot** receive services from both the **Home Help program** and the **waiver** as this is a duplication of Medicaid services. The program enrollment type (PET) codes for the MI-Choice waiver include:

MIC-COMM, MI Choice in the Community.

MIC-CSSP, MI Choice Significant Support Participant (SSP indicator).

MIC-HOSH, Hospice (in community) along with MI Choice.

MIC-HSSP, Hospice (in community) along with MI Choice Significant Support Participant (SSP).

HOSPICE

Hospice provides palliative and supportive services to meet physical, psychological, social, and spiritual needs of terminally ill patients and their families. The care focuses on pain control, comfort and emotional support for the dying person and their family. Most of the care is provided in the person's home.

Conditions of eligibility for hospice care paid by Medicaid:

- A doctor **must** certify the person has six months or less to live.
- The person must know about the illness and about how long they are expected to live.
- The person must choose to receive hospice services.

Home Help personal care services may be authorized to a client living at home in addition to hospice care as long as they do not duplicate services provided by hospice.

Example: Mr. Brown receives assistance with bathing from hospice on Monday, Wednesday, and Friday. The adult services worker may approve assistance for bathing for the remaining days, if needed.

Hospice **must** contact the local office if personal care services are needed. A written plan of care must be requested from hospice services. Review the hospice plan of care to ensure services are not duplicated. Determine what services to authorize and provide documentation in the client’s plan of care.

The program enrollment type (PET) code for the hospice program that allows for Home Help services is HOS-COMM, Hospice at Community.

HOME HELP FOR FAMILY INDEPENDENCE PROGRAM (FIP) GROUP MEMBERS

If it appears that a member of the Family Independence Program (FIP) group needs Home Help services, the family independence specialist (FIS) will make a services referral to the adult services unit. Follow referral and case opening procedures. Home Help services for FIP group members are provided for the group member who meets Home Help eligibility requirements.

TRAMATIC BRAIN INJURY (TBI)

Clients with traumatic brain injury in Adult Community Placement (ACP) may qualify for MI Choice services within the residential setting; see ASM 085, Coordination with Other Agencies.

ADOPTION SUBSIDY

Clients with an open adoption subsidy case are eligible to receive Home Help services if they meet eligibility criteria. A comprehensive assessment must be completed to determine the need for services. The use of both Home Help and adoption subsidies is permitted as the programs are different and not considered a duplication of services.

COMMUNITY TRANSITION SERVICES (CTS)

Community Transition Services (CTS) is part of Medicaid Home and Community Based Services (HCBS). The goal of the program is to assist residents in facility settings who would like to explore community-based living options. CTS will pay for non-reoccurring expenses necessary to enable an individual that is transitioning from a nursing facility or other institutional setting to the community to establish a basic household. One-time transition services may include:

- Housing and security deposit required to secure adequate accommodation within the community.

- Household needs such as furniture, window coverings, food preparation items and linens.
- Temporary personal care services are paid for by the CTS program until Home Help or another HCBS program can start.
- Health and safety needs such as pest removal, allergen control and cleaning services.
- Assistance with utility services initiation fees including telephone, electricity, heating, and water.
- Various transitional supports and services.

Role of the Transition Agent

The community transition agent is responsible for transitioning the client to the community. The goal of the transition agent is to have services in place upon discharge. The agent will:

- Contact the adult services unit in the local office prior to the resident's discharge from a facility to establish how soon a referral should be made prior to transitioning.
- Coordinate referral time frame and completion of a DHS-390, Adult Services Application, and a medical needs form, with the adult services worker.
- Invite the adult services worker to case planning meetings.
- Coordinate a home visit assessment date and alternative plans until Home Help is implemented.

Role of the Adult Services Worker

After a referral is made to the adult services unit, the ASW will:

- Collaborate with the transition agent on implementing Home Help services.
- Visit the client in the facility prior to transition, if possible (best practice).
- Inform the client that their individual caregiver or agency provider/caregiver must enroll in CHAMPS and be

screened for criminal history. Home Help payments cannot be approved prior to the criminal history screen.

- Coordinate a face-to-face home visit and a comprehensive assessment on the day of transition or soon after transition (best practice).
- Participate in case management meetings involving the client to ensure needs are met, if possible (best practice).
- Payments for Home Help services must not begin until the client has transitioned to an independent setting.
- Referrals received from Community Transition Services, hospice, a hospital, or Adult Protective Services should be treated as a priority.

Note: If the client is receiving CTS, the Home Help case can be opened for services, but payment **cannot** be made until CTS personal care services have ended. **Do not** deny a referral if the client is residing in a residential facility at the time of request for Home Help services.

Example: When a referral for Home Help is made at the time a client is in a nursing home, the client will have a nursing home PET code. If a referral for Home Help is made at the time a client is incarcerated the PET code may show incarceration.

SPECIAL ADULT PROTECTIVE SERVICES (APS) HOME HELP COMPONENT

Special Adult Protective Services (APS) Home Help payments may be utilized to support vulnerable adults at risk of harm from abuse, neglect and/or exploitation. These funds are limited and utilized to reduce the individual's risk of harm and increase their safety, **on a temporary basis**, until a permanent resolution is established.

These services may be utilized to support an Adult Protective Services plan for individuals who are also receiving Home Help services payments. When an adult in need of protective intervention is also receiving Home Help services payments, the Adult Protective Services payments may not be utilized for services covered through Home Help.

Process payments for Adult Protective Services/Home Help locally after the following requirements are met:

- The case is open for Adult Protective Services on MiAIMS.
- The caregiver is enrolled in Bridges with a service type of Home Help. Individual caregivers and agency providers must also register as a vendor with the State of Michigan. Caregivers must register and update their information online using SIGMA at www.michigan.gov/SIGMAVSS.
- Documentation supports the need for Home Help services as a part of the Adult Protectives Services plan of care.
- Payments are entered through the *Payments Tab* in MiAIMS.

There are no financial eligibility requirements to receive these service payments as they are not covered through Medicaid, Title XIX monies. Adult Protective Services payments must be utilized only when there is no other funding source available or other funding sources have been exhausted.

Note: Home Help payments for adults in need of protection cannot exceed $1000 in a twelve-month fiscal year. No exceptions can be made to this policy.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model of community-based care that enables individuals 55 years of age or older, who are certified by their state as needing nursing facility level of care, to live as independently as possible in the community.

PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services designed to meet the following objectives:

- Enhance the quality of life and autonomy for frail, older adults.
- Maximize the dignity of and respect for older adults.
- Enable frail, older adults to live in the community as long as medically and socially feasible.

- Preserve and support the older adult's family unit.

The financing model combines payments from Medicare and/or Medicaid, allowing PACE organizations to provide all needed services rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems.

The PACE organization becomes the sole source of service for Medicare and Medicaid beneficiaries who choose to enroll in a PACE organization. **Home Help services must not be approved for individuals receiving PACE.**

The PET code for PACE participants will start with PCE.

See BEM 167, Program of All Inclusive Care for the Elderly (PACE), for a list of PACE providers and more information regarding PACE.

MI COORDINATED HEALTH (MICH)

See ASM 126, MI Coordinated Health Program, for information regarding the Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP).

PROGRAM ENROLLMENT TYPE (PET)

In order to effectively coordinate Home Help services and avoid duplication of services, the client's program enrollment type (PET) must be reviewed to determine enrollment in other programs. Under Medicaid, the PET code is used to indicate the type of services the client is receiving.

The adult services worker must verify the client's PET code status in MIAIMS under the Bridges Eligibility screen; see Medicaid Provider Manual for a full list.

Description of PET Codes

The following are PET code descriptions:

Long Term Care Facility

LTC-CMCF, Nursing Facility residing at County Medical Care Facility.

LTC-NFAC, Nursing Facility (not CMCF).

LTC-NFAC, Hospital LTC Unit.

LTC-NFAC, Hospital Swing Bed.

LTC-NFAC, Ventilator Dependent Care Unit (VDCU).

Clients with a PET code of "LTC" are receiving services in:

- Nursing facility.
- County medical facility.
- Hospital long-term care facility.
- Hospital swing bed.

Client(s) with the above PET code status **cannot** receive Home Help services while admitted in these facilities.

Medicaid Health Plan

MHP-COMM, Medicaid Health Plan. Client(s) with an MHP-COMM PET code are enrolled in a Medicaid Health Plan. Home Help services can be approved for clients with this PET code.

PACE

PCE-CMCF, PACE and residing in County Medical Care Facility (CMCF).

PCE-COMM, PACE living in the Community.

PCE-HOSC, PACE receiving at County Medical Care Facility (CMCF).

PCE-HOSH, PACE receiving Hospice at home.

PCE-HOSN, PACE receiving Hospice in a Nursing Facility (not CMCF).

PCE-HOSR, PACE receiving Hospice at Hospice Residence Facility.

PCE-NFAC, PACE residing in Nursing Facility (not CMCF).

Home Help services **must not** be approved for individuals receiving PACE. This would be a duplication of benefits.

MI Coordinated Health (MICH)

Client(s) who are enrolled in MI Coordinated Health (MICH) **must not** be approved for Home Help. See ASM 126, MI Coordinated Health, for PET code descriptions.

Hospice

MHP-HOSH, Medicaid Health Plan with Hospice-Home.

HOS-COMM, Hospice at Community.

Clients receiving hospice services while living in their home and the **above** PET codes may also receive Home Help services. Home Help services **cannot** be approved for clients residing in a hospice residence, nursing facility, or adult foster care home.

Hospice services must be utilized prior to Home Help services. Home Help may be approved in addition to hospice care and must not duplicate or replace hospice services. The adult services worker must contact the hospice coordinator to verify the services and frequency provided by hospice.

MI Choice Waiver

MIC-CSSP, Mi Choice in the Community with Significant Support Participant Indicator.

MIC-HOSH, MI Choice receiving Hospice at home.

MIC-COMM, MI Choice in Community.

MIC-HSSP, MI Choice Significant Support Participant (SSP) receiving Hospice at home.

Client(s) with a MIC PET code are receiving services from the MI Choice Waiver. Participants of the MI Choice Waiver **cannot** receive services from both the waiver and Home Help services.

Institutional Status

INC-JAIL, Incarceration Jail.

INC-JDET, Incarceration Juvenile Detention.

INC-PRSN, Incarceration Prison.

Clients with the above PET code descriptions **cannot** receive Home Help services as they are involuntarily residing in a detention facility. Medicaid does not reimburse for services provided to individuals who are incarcerated in a detention facility against their will.

State Psychiatric Facility

SPF-INPT, State Psych Facility.

Clients residing in a state psychiatric facility **cannot** receive Home Help services.

For a complete list of PET codes, refer to the Medicaid Provider Manual.

REFERENCES

See BEM 106, MA Waiver for Elderly and Disabled.

See BEM 167, Program of All Inclusive Care for the Elderly (PACE).

See ASM 126, MI Coordinated Health Program.

CONTACT

For questions contact MDHHS-Home-Help-Policy@michigan.gov