Outlook

Fw: ASSURED HOME NURSING SERVICES INC-20250602447149

From Manasa <manasa@kleza.io>
Date Mon 8/11/2025 12:12 PM
To Venkata Manojawa Paritala <manojawa@kleza.io>

Manasa Anneboina
Manager - Business & Operation

+1 (913) 800 2728

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Kleza

9331 W 87th St, Overland Park, KS 66212, United States

From: vikranth anneboina <vikrantha@yahoo.com>
Sent: Thursday, August 7, 2025 9:22 AM
To: Manasa <manasa.anneboina@kleza.io>
Subject: Fw: ASSURED HOME NURSING SERVICES INC-20250602447149

----- Forwarded Message -----
From: "MDHHS-HHNEWAGENCYPROVIDERAPPLICATIONS" <MDHHS-HHNEWAGENCYPROVIDERAPPLICATIONS@michigan.gov>
To: "'vikrantha@yahoo.com'" <vikrantha@yahoo.com>
Sent: Wed, Aug 6, 2025 at 3:14 PM
Subject: RE: ASSURED HOME NURSING SERVICES INC-20250602447149

Dear Home Help Agency Provider Applicant:

RE: Approval of Home Help Agency Provider Application

Thank you for your interest in becoming a Home Help agency provider. The Michigan Department of Health and Human Services (MDHHS) Home Help Policy Section has approved your Home Help agency provider application. **Effective 07/31/2025, ASSURED HOME NURSING SERVICES INC, Provider ID 6082580, is authorized to provide Home Help services at the approved Home Help agency provider pay rate**. For pay rate information, go to www.michigan.gov/homehelp >> Tools & Resources >> Pay Rate by County.

Obtaining MDHHS approval is the first step to providing Home Help services. To help ensure your continued success, please review the following requirements frequently missed by new Home Help agency providers:

- Review all Home Help provider policies and ensure agency staff understand and follow them. Links to Home Help policies are located at www.michigan.gov/homehelp >> Tools & Resources >> Policy Bulletins and L Letters.
- Verify all agency caregivers are enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) and associated to the agency **before** they provide services to Home Help clients.
- Record all agency staff who access Home Help client information in Step 9: Provider Controlling Interest/Ownership Details of the agency's CHAMPS enrollment.

- Ensure all agency caregivers are W-2 employees who regularly receive a paycheck from the agency each month. The agency must have at least two agency caregivers on staff – **other than the agency owner** – who are W-2 employees.
- Report all changes affecting the agency's enrollment within 10 calendar days by updating information in CHAMPS. This includes, but is not limited to, changes in address, contact name, or telephone number. You must also report changes in agency ownership, agency caregivers, and agency providers.

Please note that when a Home Help client chooses to receive services from your agency, they must share their decision with their MDHHS adult services worker (ASW). The ASW must meet with the Home Help client and either an authorized agency representative or the agency caregiver(s) assigned to the Home Help client before the ASW can authorize payments to your agency.

The MDHHS Home Help Policy Section will contact you a few months after your agency receives its first Home Help payment to initiate a compliance review. For more information, see the New Agency Provider Compliance Review subsection of the Home Help Chapter in the MDHHS Medicaid Provider Manual.

If you have questions or concerns, call Provider Support at 1-800-979-4662 or email MDHHS-HHNewAgencyProviderApplications@michigan.gov. When emailing, please include your agency name and provider ID in the subject line.

Alyssa Allen
Agency Liaison
Home Help Policy Section
Health Services
Michigan Department of Health and Human Services
Fax: (517) 241-0067

MDHHS Michigan Department of Health and Human Services

From: MDHHS-HHNEWAGENCYPROVIDERAPPLICATIONS
Sent: Thursday, July 31, 2025 8:37 AM
To: 'vikrantha@yahoo.com' <vikrantha@yahoo.com>
Subject: RE: ASSURED HOME NURSING SERVICES INC-20250602447149

Dear Home Help Agency Provider Applicant:

RE: Notice of Denial – Home Help Agency Provider Application 20250602447149

Agencies that provide services for the Home Help program must be approved by the Michigan Department of Health and Human Services (MDHHS). Your agency recently applied for enrollment through the Community Health Automated Medicaid Processing System (CHAMPS). In addition to enrolling in CHAMPS, your agency was required to submit documents to the MDHHS Home Help Policy Section within 60 days of the CHAMPS application date.

Your agency application has been denied because you have not submitted all documents required to become an approved Home Help agency provider. The MDHHS Home Help Policy Section either did not receive the documents checked below or determined them incomplete.

A copy of Internal Revenue Service (IRS) correspondence confirming the agency's Employer Identification Number (EIN).

A letter of intent on agency letterhead with the current date and the agency owner(s) written signature(s) that includes:

- A list of the services the agency will provide and the county(ies) it intends to serve.
- Names, email addresses, and phone numbers of the agency owner(s) and managing employee(s).

A copy of the county registration if the agency registered with its local County Clerk office. **NOTE**: This document is not required if the agency registered with the Michigan Department of Licensing and Regulatory Affairs (LARA).

A completed, signed Home Help Agency Provider Employment Requirements form (HASA-2104). The HASA-2104 is included with this letter and can also be downloaded from the Home Help webpage at michigan.gov/homehelp >> Agency Providers.

Additional documents the MDHHS Home Help Policy Section requested to clarify information received in the documents above.

If you would like to request more time to submit the document(s) above, email your request to MDHHS-HHNewAgencyProviderApplications@michigan.gov with your agency name and CHAMPS application number in the subject line.

If you wish to appeal this denial, you may request an administrative hearing. Please submit your written request within 30 days of this notice to:

Michigan Administrative Hearing System
Department of Licensing and Regulatory Affairs
P.O. Box 30763
Lansing, MI 48909

If you have questions or concerns, call Provider Support at 1-800-979-4662 or email MDHHS-HHNewAgencyProviderApplications@michigan.gov. When emailing, please include your agency name and CHAMPS application number in the subject line.

For additional Home Help information, visit www.michigan.gov/homehelp. Policy bulletins and L letters can be found online at www.michigan.gov/medicaidproviders.

Sincerely,

Michigan Department of Health and Human Services

The Michigan Department of Health and Human Services (MDHHS) is hosting a series of bi-monthly touch point meetings with Home Help Agency Providers, please register here: https://www.michigan.gov/mdhhs/doing-business/providers/providers/other/homehelp/agency-providers/agency-providers

Mary-Kate Mossner
Agency Liaison
Home Help Policy Section
Health Services
Michigan Department of Health and Human Services
Email: MDHHS-HHAgencyAudits@Michigan.gov
Fax: (517) 241-0067

From: MDHHS-HHNEWAGENCYPROVIDERAPPLICATIONS
Sent: Monday, July 7, 2025 9:27 AM
To: 'vikrantha@yahoo.com' <vikrantha@yahoo.com>
Subject: RE: ASSURED HOME NURSING SERVICES INC-20250602447149

Dear Home Help Agency Provider Applicant:

RE: Reminder – Home Help Agency Provider Application 20250602447149

Agencies that provide services for the Home Help program must be approved by the Michigan Department of Health and Human Services (MDHHS). Your agency recently applied for enrollment through the Community Health Automated Medicaid Processing System (CHAMPS). In addition to enrolling in CHAMPS, your agency must submit documents to the MDHHS Home Help Policy Section within 60 days of the CHAMPS application date.

This letter serves as a reminder that your agency has not submitted all documents required to become an approved Home Help agency provider. The MDHHS Home Help Policy Section either did not receive the documents checked below or determined them incomplete. **If the MDHHS Home Help Policy Section does not receive these documents by July 29, 2025, your agency application will be denied.**

A copy of Internal Revenue Service (IRS) correspondence confirming the agency's Employer Identification Number (EIN).

A letter of intent on agency letterhead with the current date and the agency owner(s) written signature(s) that includes:

- A list of the services the agency will provide and the county(ies) it intends to serve.
- Names, email addresses, and phone numbers of the agency owner(s) and managing employee(s).

A copy of the county registration if the agency registered with its local County Clerk office. **NOTE**: This document is not required if the agency registered with the Michigan Department of Licensing and Regulatory Affairs (LARA).

A completed, signed Home Help Agency Provider Employment Requirements form (HASA-2104). The HASA-2104 is included with this letter and can also be downloaded from the Home Help webpage at michigan.gov/homehelp >> Agency Providers.

Additional documents the MDHHS Home Help Policy Section requested to clarify information received in the documents above.

Submit documentation using one of the following methods:

Email to: MDHHS-HHNewAgencyProviderApplications@michigan.gov

Mail to: Michigan Department of Health and Human Services
MDHHS Home Help Policy Section
P.O. Box 30479
Lansing, Michigan 48909

Fax to: MDHHS Home Help Policy Section at (517) 241-0067

Applicants are encouraged to scan and email documents to the MDHHS Home Help Policy Section with the agency name and CHAMPS application number in the subject line. Fax and mail are acceptable; however, confirmation that documents have been received is not available with these options. MDHHS review of a mailed application may take up to two additional weeks of processing time.

If you have questions or concerns, call Provider Support at 1-800-979-4662 or email MDHHS-HHNewAgencyProviderApplications@michigan.gov. When emailing, please include your agency name and CHAMPS application number in the subject line.

For additional Home Help information, visit www.michigan.gov/homehelp. Policy bulletins and L letters can be found online at www.michigan.gov/medicaidproviders.

Sincerely,

Michigan Department of Health and Human Services

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Mary-Kate Mossner
Agency Liaison
Home Help Policy Section
Health Services
Michigan Department of Health and Human Services
Email: MDHHS-HHAgencyAudits@Michigan.gov
Fax: (517) 241-0067

From: MDHHS-HHNEWAGENCYPROVIDERAPPLICATIONS
Sent: Wednesday, June 4, 2025 11:26 AM
To: vikrantha@yahoo.com
Subject: ASSURED HOME NURSING SERVICES INC-20250602447149

Dear Home Help Agency Provider Applicant:

RE: Home Help Agency Provider Application 20250602447149

Thank you for your interest in becoming a Michigan Department of Health and Human Services (MDHHS) Home Help agency provider. The MDHHS Home Help Policy Section must receive and approve the following application documents before **August 3, 2025**. Please submit the documents as soon as possible to allow time for you to respond to requests for additional or corrected information. Failure to complete the application process by **August 3, 2025** will result in the denial of your application.

- A copy of Internal Revenue Service (IRS) correspondence confirming the agency's Employer Identification Number (EIN).
- A letter of intent on agency letterhead with the current date and the agency owner(s)written signature(s) that includes:
  - A list of the services the agency will provide and the county(ies) it intends to serve.
  - Names, email addresses, and phone numbers of the agency owner(s) and managing employee(s).
- A copy of the county registration if the agency registered with its local County Clerk office. **NOTE**: This document is not required if the agency registered with the Michigan Department of Licensing and Regulatory Affairs (LARA).
- A completed, signed Home Help Agency Provider Employment Requirements form (HASA-2104). The HASA-2104 is included with this letter and can also be downloaded from the Home Help webpage at www.michigan.gov/homehelp >> Agency Providers.

NOTE: Additional documents may be needed to clarify information received in the documents above.

Submit documentation using one of the following methods:

Email to: MDHHS-HHNewAgencyProviderApplications@michigan.gov

Mail to: Michigan Department of Health and Human Services
Home Help Policy Section
P.O. Box 30479
Lansing, Michigan 48909

Fax to: MDHHS Home Help Policy Section at (517) 241-0067

Applicants are encouraged to scan and email documents to the MDHHS Home Help Policy Section with the agency name and CHAMPS application number in the subject line. Fax and mail are acceptable; however, confirmation that documents have been received is not available with these options. MDHHS review of a mailed application may take up to two additional weeks of processing time.

If you have any questions or concerns, call Provider Support at 1-800-979-4662 or email MDHHS-HHNewAgencyProviderApplications@michigan.gov. When emailing, please include your agency name and CHAMPS application number in the subject line.

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Mary-Kate Mossner
Agency Liaison
Home Help Policy Section
Health Services
Michigan Department of Health and Human Services
Email: MDHHS-HHAgencyAudits@Michigan.gov
Fax: (517) 241-0067

MDHHS Michigan Department of Health and Human Services