How to Become an MDHHS Home Help Agency Provider

A Guide on how to become an enrolled and approved Home Help Agency Provider

December 2023

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About the Home Help Program

Home Help is a program administered by the Michigan Department of Health and Human Services (MDHHS).

The program provides personal care services to eligible Medicaid beneficiaries who need hands-on assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

To be eligible for Home Help services, a client/beneficiary must need hands-on assistance with at least one ADL.

Covered Home Help Services

Activities of Daily Living (ADLs)

- Feeding or eating
- Bathing
- Dressing
- Grooming
- Moving throughout the home
- Transferring from one position to another
- Toileting

Instrumental Activities of Daily Living (IADLs)

- Administering or setting up medicine
- Laundry
- Light housework
- Meal preparation
- Shopping for food and other necessities

For additional details on the services offered, review policy in the Michigan Medicaid Provider Manual, Home Help Chapter here: https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual

What Makes an Approved Home Help Agency Provider

Completed a CHAMPS agency application and received an approval letter from the MDHHS Home Help Policy Section.

Directly employs two (or more) agency caregivers who are not agency owners.

Received MDHHS approval to be paid at the Home Help agency provider rate

To view the Home Help agency provider pay rate, visit **www.Michigan.gov/homehelp** and click on Tools & Resources.

Responsibilities of an Approved MDHHS Home Help Agency Provider

MDHHS
Michigan Department of Health & Human Services

Directly employ and retain qualified caregivers.

Ensure Home Help agency caregivers enroll and associate in CHAMPS.

Ensure contact information in CHAMPS is accurate and up-to-date.

Verifying beneficiaries are receiving Home Help services.

Ensure caregivers know and follow MDHHS Home Help policy as outlined in the Provider Manual.

Safeguard federal and state dollars by preventing fraud, waste, and abuse.

Steps to Take Before Submitting the Home Help Agency Provider Documentation

MDHHS
Michigan Department of Health & Human Services

CHAMPS Enrollment

- Before submitting your Home Help agency provider documentation, you must be enrolled in CHAMPS.
- The Community Health Automated Medicaid Processing System, commonly knows as CHAMPS, is the web-based system that is used for provider enrollment.
- All Home Help agencies and caregivers must be approved in CHAMPS before offering services to a beneficiary.
- Before starting the CHAMPS Home Help Agency enrollment application, providers must complete the steps outlined on the next few slides.

Before Starting the CHAMPS Home Help Agency Enrollment Application

Before Starting the CHAMPS Home Help Agency Enrollment Application

Step 1: Apply for a Federal Employer Identification Number (EIN)

- Apply for an EIN online at **https://www.irs.gov** or send the IRS a completed Form SS-4.

Step 2: Register with the Michigan Department of Licensing and Regulatory Affairs (LARA), or the agency's local County Clerk office.

- Register with LARA online at **https://www.michigan.gov/lara/**

Before Starting the CHAMPS Home Help Agency Enrollment Application

MDHHS Michigan Department of Health & Human Services

Step 3: Apply for a Federal National Provider Identifier (NPI)

- Apply for an NPI online at https://nppes.cms.hhs.gov. Home Help agency providers must enroll as a Type 2 (Organization) NPI.
- If you need help with completing the NPI application, contact the NPI Enumerator available at https://nppes.cms.hhs.gov/#/contactUs

Step 4: Create a vendor account in SIGMA.

- To get started with SIGMA, go to https://www.Michigan.gov/SIGMAVSS

Step 5: Create a MiLogin account and request the CHAMPS application

- To create a MiLogin account, visit https://milogintp.michigan.gov/
- Instructions on creating a MiLogin account can be found at https://www.michigan.gov/mdhhs/doing-business/providers/providers/other/homehelp/agency-providers/getting-started

Enrolling in CHAMPS

- Access the CHAMPS application through your MiLogin account.
- Guides to enrolling in CHAMPS are available at: www.Michigan.gov/HomeHelp
- For assistance, call the Provider Support hotline at: 1-800-979-4662.

Completing and Submitting the Home Help Agency Provider Documents

MDHHS
Michigan Department of Health & Human Services

Home Help Agency Approval Process

The agency enrolls in CHAMPS and receives a CHAMPS application number active for 60 days.

Once the CHAMPS application passes the screening process, MDHHS Provider Enrollment notifies the Home Help Policy Section.

The Home Help Policy Section sends an application packet to the email address listed in CHAMPS.

The agency submits required documents to the Home Help Policy Section.

The Home Help Policy Section reviews the documents and, if needed, requests corrections or more information.

MDHHS emails an approval letter with the CHAMPS provider ID number to the email address listed in CHAMPS.

Application Documents

- ✓ Letter of Intent with a current date and handwritten signature(s)
- ✓ IRS SS-4 correspondence confirming the agency's EIN
- ✓ Copy of the agency's county registration or LARA Articles of Incorporation
- ✓ Completed and signed Home Help Agency Provider Employment Requirements form (HASA-2104)
- ✓ Additional documents as needed

1. Must be on agency letterhead that includes the agency's location address.
2. Include today's date.
3. State the agency's intent to apply.
4. List all agency owner and managing employee information, including first and last names, email addresses, and phone numbers.
5. List each county in which the Agency indents to provide services.
6. List the services the agency plans to provide.
7. Include all agency owner names and handwritten signatures.

1 AGENCY NAME

agencycontact@agency.com
www.agencycontact@agency.com
123 Anywhere St., Any City

2 Today's Date

Dear MDHHS Home Help Policy Section,

3 [Insert agency name] is submitting this letter of intent to apply to become an approved MDHHS Home Help agency provider.

4 A list of all agency owners, including their first and last names, email addresses and phone numbers.

A list of all managing employees, including their first and last names, email addresses and phone numbers.

5 A list of all the counties where the agency plans to provide Home Help services.

6 A list of the services the agency plans to provide. *Example: Bathing, grooming, and meal preparation.*

Sincerely,

7 *Agency Owner Signature(s)*
Agency Owner Name(s)

Agency Owner

Possesses 5% or greater direct or indirect ownership interest of the agency, and/or is a person with controlling interest.

NOTE: All agency owners listed in the Letter of Intent must be listed in the CHAMPS online enrollment application.

AGENCY NAME

agencycontact@agency.com
www.agencycontact@agency.com
123 Anywhere St., Any City

Today's Date

Dear MDHHS Home Help Policy Section,

[Insert agency name] is submitting this letter of intent to apply to become an approved MDHHS Home Help agency provider.

A list of all agency owners, including their first and last names, email addresses and phone numbers.

A list of all managing employees, including their first and last names, email addresses and phone numbers.

A list of all the counties where the agency plans to provide Home Help services.

A list of the services the agency plans to provide. *Example: Bathing, grooming, and meal preparation.*

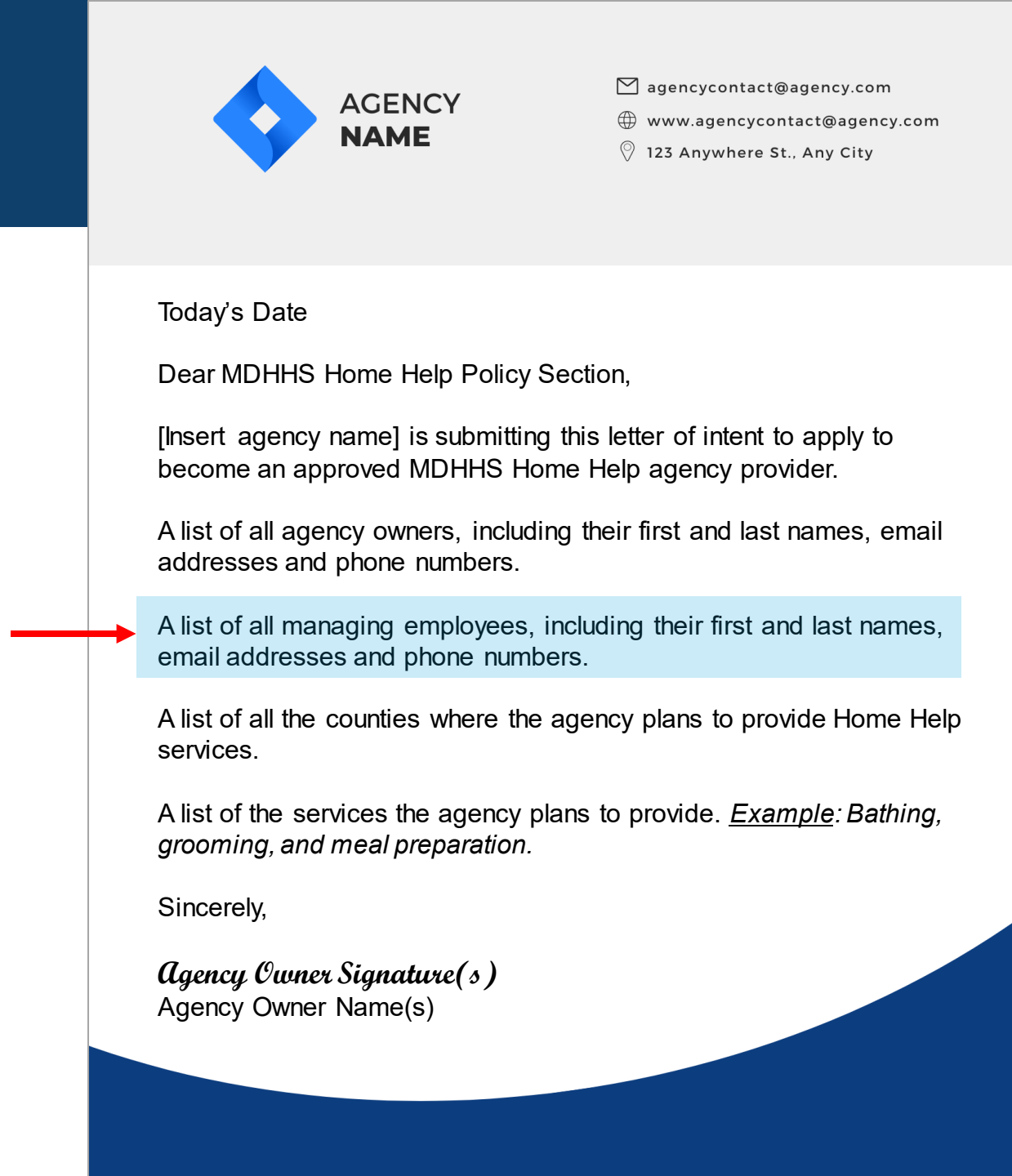
Sincerely,

Agency Owner Signature(s)
Agency Owner Name(s)

Managing Employee

A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over the agency and directly or indirectly conducts the day-to-day operation of the agency.

NOTE: All managing employees listed in the letter must be listed in the CHAMPS enrollment application.



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A list of all the counties where the agency plans to provide Home Help services.

A list of the services the agency plans to provide. *Example: Bathing, grooming, and meal preparation.*

Sincerely,

Agency Owner Signature(s)
Agency Owner Name(s)

List of Services

The list should demonstrate an understanding of services provided by a Home Help agency.

For a full list of Home Help services, see the Services section of the Home Help chapter in the Medicaid Provider Manual.

To access the Medicaid Provider Manual, go to: **www.Michigan.gov/medicaidproviders** and click on the Policy, Letters & Forms button.

AGENCY NAME

agencycontact@agency.com
www.agencycontact@agency.com
123 Anywhere St., Any City

Today's Date

Dear MDHHS Home Help Policy Section,

[Insert agency name] is submitting this letter of intent to apply to become an approved MDHHS Home Help agency provider.

A list of all agency owners, including their first and last names, email addresses and phone numbers.

A list of all managing employees, including their first and last names, email addresses and phone numbers.

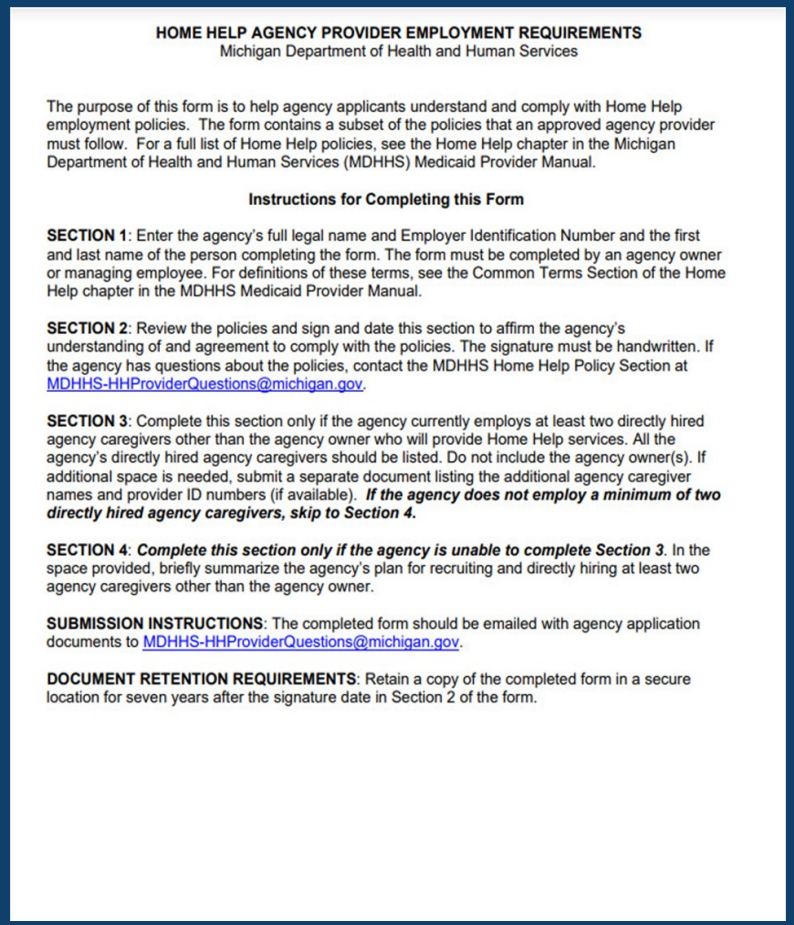
A list of all the counties where the agency plans to provide Home Help services.

A list of the services the agency plans to provide. *Example: Bathing, grooming, and meal preparation.*

Sincerely,

Agency Owner Signature(s)
Agency Owner Name(s)

Home Help Agency Provider Employment Requirements Form (HASA-2104)



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.

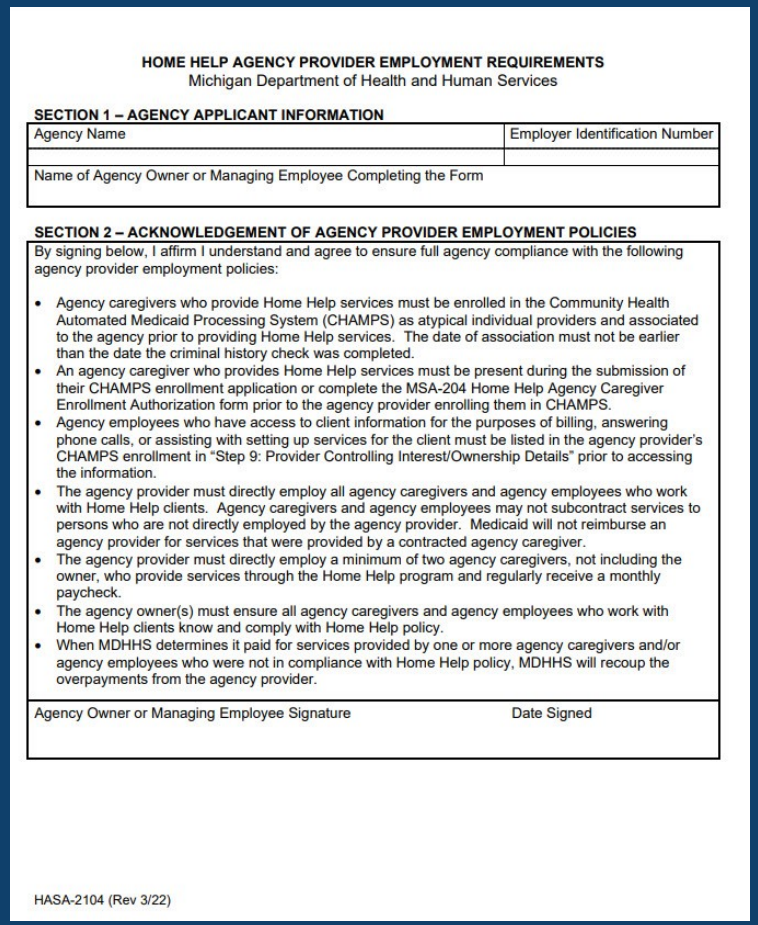
SECTION 2: Review the policies and sign and date this section to affirm the agency's understanding of and agreement to comply with the policies. The signature must be handwritten. If the agency has questions about the policies, contact the MDHHS Home Help Policy Section at MDHHS-HHProviderQuestions@michigan.gov.

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.



HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS
Michigan Department of Health and Human Services

SECTION 1 – AGENCY APPLICANT INFORMATION

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

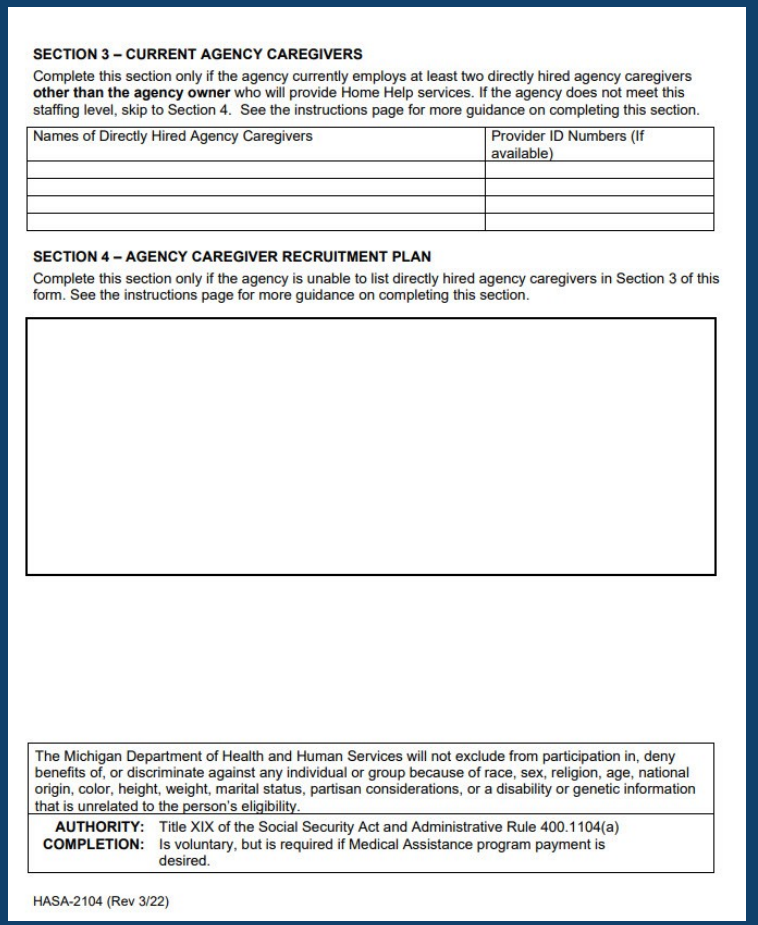
SECTION 2 – ACKNOWLEDGEMENT OF AGENCY PROVIDER EMPLOYMENT POLICIES

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.

Agency Owner or Managing Employee Signature	Date Signed

HASA-2104 (Rev 3/22)



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)

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.

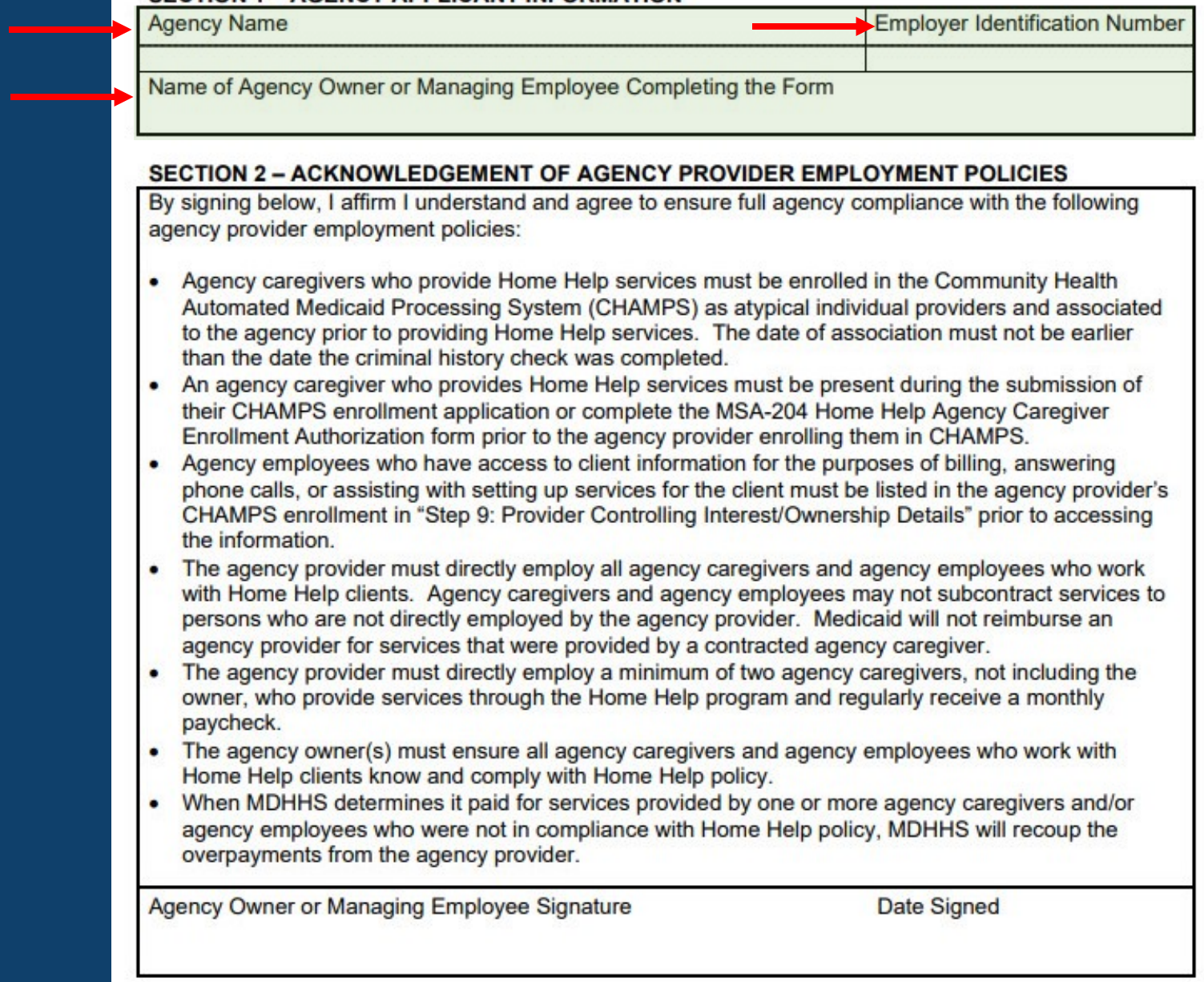
AUTHORITY: Title XIX of the Social Security Act and Administrative Rule 400.1104(a)
COMPLETION: Is voluntary, but is required if Medical Assistance program payment is desired.

HASA-2104 (Rev 3/22)

Instructions for Completing the HASA-2104

Section 1

- Make sure all three fields are completed.
- For the Employer Identification Number, use the EIN the IRS assigned to your agency.



HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS
Michigan Department of Health and Human Services

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

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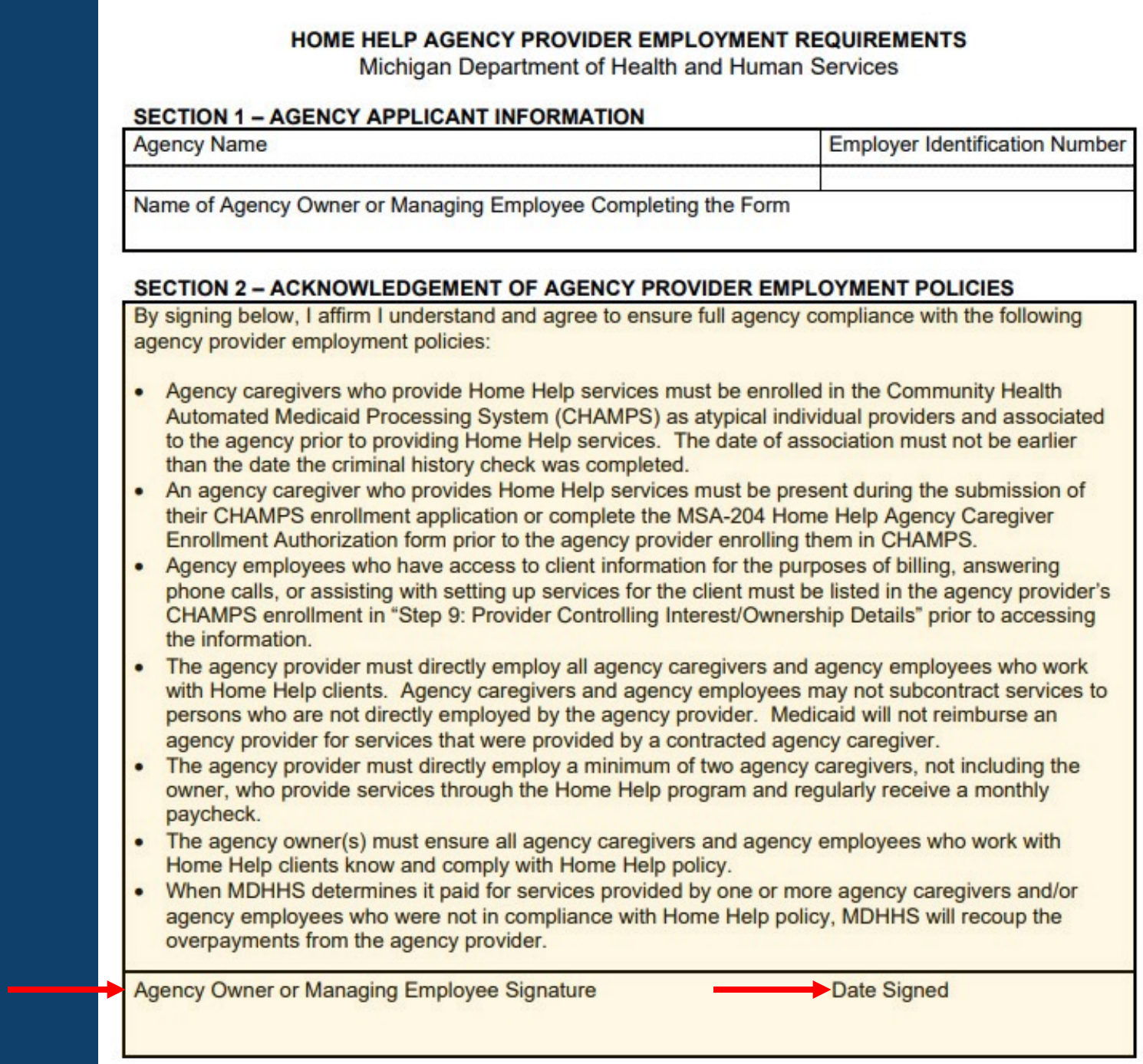
- The agency owner(s) must ensure all agency caregivers and agency employees who work with Home Help clients know and comply with Home Help policy.
- When MDHHS determines it paid for services provided by one or more agency caregivers and/or agency employees who were not in compliance with Home Help policy, MDHHS will recoup the overpayments from the agency provider.

Agency Owner or Managing Employee Signature	Date Signed

Instructions for Completing the HASA-2104

Section 2

- Acknowledgment of MDHHS Home Help Agency Provider Employment Policies
- An agency owner or managing employee must sign and date Section 2.
- A legible handwritten signature is required.



HOME HELP AGENCY PROVIDER EMPLOYMENT REQUIREMENTS
Michigan Department of Health and Human Services

SECTION 1 – AGENCY APPLICANT INFORMATION

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- 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.

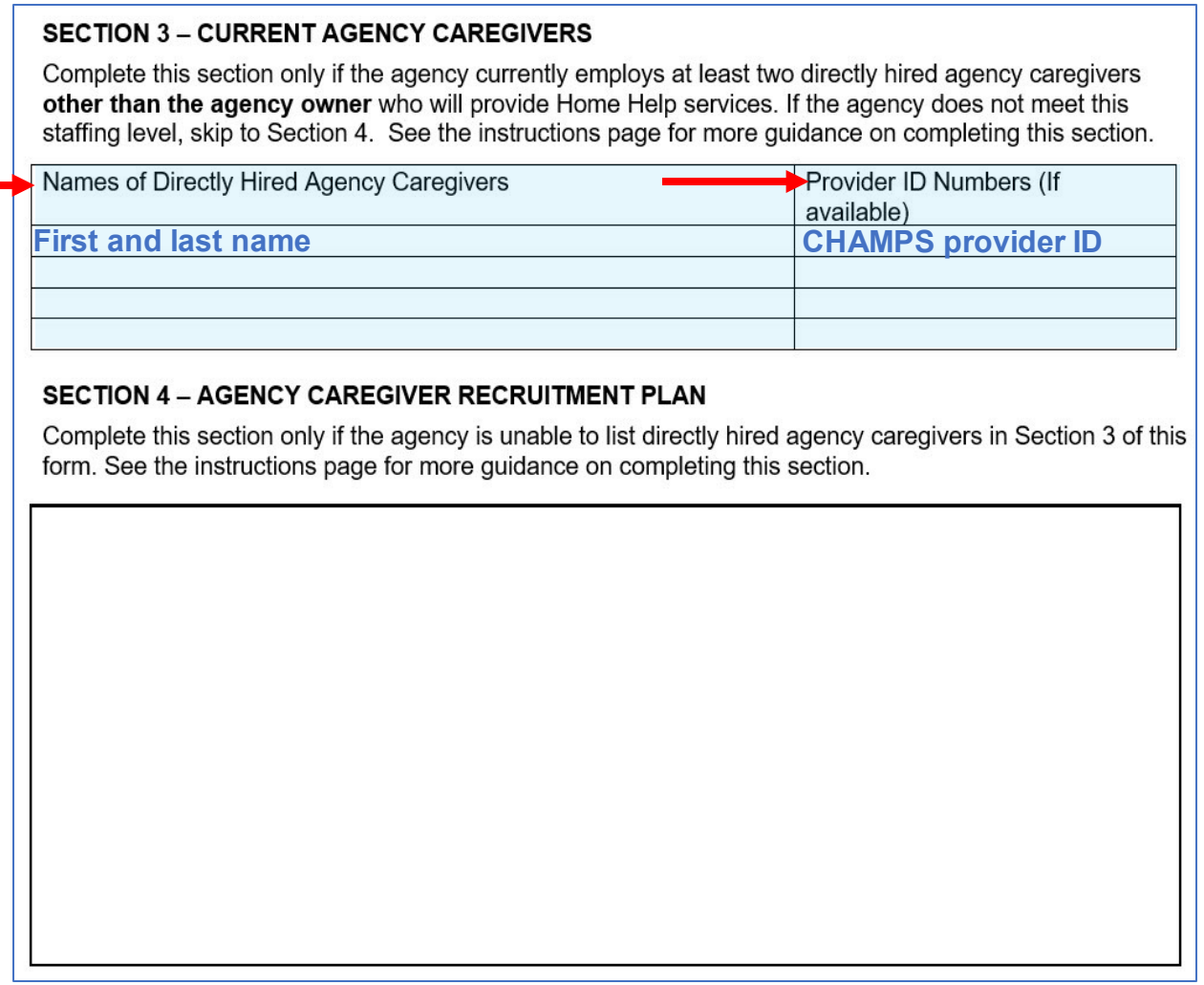
Agency Owner or Managing Employee Signature	Date Signed

Instructions for Completing the HASA-2104

Complete Section 3 if:

- The agency has two or more caregivers that are directly employed.
- Neither of the caregivers is an agency owner.
- List the caregivers names and CHAMPS provider ID number, if applicable.

Section 4 will not need to be completed if this requirement has been met.



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)
First and last name	CHAMPS provider ID

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.

Instructions for Completing the HASA-2104

To complete **Section 4**, briefly summarize your plan for recruiting two agency caregivers other than the agency owner(s).

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)

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.

Do you plan to put a job posting online? If so, please provide the website.

What are other ways for you to reach potential employees in your community?

If you have already started recruitment efforts, list the steps you have taken.

Submitting the Documents

- Use one of the following methods to submit your documents:
  - Email the documents to MDHHS-HHProviderQuestions@michigan.gov
  - Fax the documents to 1-517-241-0067
- Documents must be sent in Adobe PDF or Microsoft Word format.
- Photos of the documents will not be accepted.

Knowledge Check

The agency owner counts as one of the two caregivers that a Home Help agency provider must employ.

A. TRUE

B. FALSE

The answer is FALSE. To receive the Home Help agency provider pay rate, an agency must employ at least two caregivers who are not agency owners.

Knowledge Check

What documents must be submitted to the Home Help Policy Section for approval?

A. IRS confirmation of the agency's assigned EIN.

B. Form HASA-2104, Home Help Agency Provider Employment Requirements.

C. Letter of intent.

D. County Registration or LARA Articles of Organization.

E. All the Above.

Knowledge Check

The Home Help Policy Section will NOT accept photos/pictures of application documents.

A. TRUE

B. FALSE

The answer is TRUE. All application documents must be in a Microsoft Word or Adobe PDF format.

Agency Provider Resources

Need more help? Contact Us

Provider Support – Atypical Helpline

Monday through Friday from 8:00 am to 5:00 pm EST. Closed on all State of Michigan and most national holidays.

Phone: 1-800-979-4662

Email: ProviderSupport@michigan.gov

Home Help Policy Section

MDHHS-HHProviderQuestions@michigan.gov

Submit the Home Help agency application documents and ask questions about the application process.

Home Help Listserv

Sign up for automatic email updates from the MDHHS Home Help Policy Section.

Agency Provider Resources

www.Michigan.gov/homehelp

Home Help pay rates, agency invoice, forms, trainings and other resources, policy bulletins and provider letters, compliance audit information.

www.Michigan.gov/sigmavss

Vendor tutorials and quick reference guides

www.Michigan.gov/medicaidproviders

Resources on how to enroll in CHAMPS and update a CHAMPS enrollment and a link to the MDHHS Medicaid Provider Manual

Medicaid Provider Manual

https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Home Help Audit Training

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/Home-Help-Assets/Home-Help-Agency-Audit-Training

Thank you for your interest in becoming a Home Help agency provider and for viewing this webinar.

For questions related to the Home Help Agency Policy approval process, please email MDHHS-HHProviderQuestions@michigan.gov

Visit our website at www.Michigan.gov/homehelp

MDHHS
Michigan Department of Health & Human Services