



Detroit Wayne Integrated Health Network

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Residential Provider Meeting Q&A Friday, February 27th, 2026 Virtual Meeting 11:30 AM –12:30 PM

1. Is there just a spot on the site that houses form?
Answer: Yes. Under our About Us section, please click the Document Library, and all forms are listed there.
2. It is very difficult to find documents, and if you don't know the title of the document, you aren't going to be able to find what you need.
Answer: As mentioned, you can use the search function that was identified in the training by typing in the name of the document you are looking for. If you can not locate the document, please email residentialreferral@dwihn.org
3. If a member does not have active Medicaid and there is no GF authorization, how does the provider submit billing? Who would be responsible if a claim is submitted past the 60-day deadline without either authorization?
Answer: DWIHN consumers should have active Medicaid, if they do not a GF exception authorization is required to receive reimbursement for services rendered. Services are not payable if submitted beyond the 60-day timeframe with no authorization.
4. What happens if approval for a consumer is not put in by DWIHN until 60+ days, and you are now past billing time?
Answer: Claims payment will be based on the date the authorization was approved. As long as billing occurs within 60 days after the authorization is approved.
5. I've gone into the library and am still unable to find documents.
Answer: Please email residentialreferral@dwihn.org if you cannot locate the document and CC rmorgan@dwihn.org

Board of Directors

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6. I have found that when I request help with finding a document and email to ask for it, I am referred to the website, which is not at all helpful. Do all of the residential staff know that they can help us by sending the docs to us?

Answer: When requesting a document please email the department inbox residentialreferral@dwi hn.org this will be the most efficient way of obtaining the document while the website continues to be adjusted.

7. Is everyone required to sign up for HHAexchange?

Answer: Those providers who fall under the purview of Electronic Visit Verification (EVV) are required to.

8. If the GF fund is not approved, how do you bill for services without the consumer having Medicaid?

Answer: GF authorizations are required for members who lose Medicaid

9. If the fee schedule has expired within an authorization for a member, would the provider continue to submit claims as normal for processing or is the provider responsible to withhold billing until this is corrected? If not corrected within the 60-day deadline, will billing be able to be submitted with an appeal?

Answer: Yes, submit billing as normal. Also, send a ticket to procedure.coding@dwi hn.org to have the fee schedule updated.

10. What should we do if the staff has an incomplete status or experiences technical difficulties? Can we ask the staff to work together until the issue is resolved?

Answer: If the training participant has an "Incomplete" status documented in MHWIN for their NHRRT class, the training participant should follow up with the ORR trainers at email address: orr.training@dwi hn.org. The ORR trainer will provide the reason the "Incomplete" status was given, (no quiz submitted, failure to sign in from break, not on camera for duration of the training, etc.), and provide what is required to resolve the incomplete status. If technical difficulties are being experienced by the training participant, depending on if the difficulty can be resolved at the time of the training, the ORR trainers will assist as necessary by responding to the participant's email notifying the trainers of their issue. The same email address should be used: orr.training@dwi hn.org. In some cases, the participant may require re-registration for the NHRRT class.



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MEMO

To: DWIHN Providers (Mental Health Outpatient & Residential, SUD)
From: Keith Frambro, Vice President of Information Services
Date: February 24, 2026
RE: CyberSecurity Self-Assessment

As part of our ongoing commitment to maintaining the highest standards of cybersecurity, we are requesting all contracted providers to submit a cybersecurity self-assessment (the link is provided below). This request is in accordance with the terms outlined in Clause 4.4 of your current contract with the Detroit Wayne Integrated Health Network (DWIHN).

All assessments must be completed and submitted within 30 days of the date of this memo.

The self-assessment covers all areas of your cybersecurity infrastructure and protocols as specified in the contractual agreement. Please ensure that the assessment is completed thoroughly and reflects your current cybersecurity posture.

The assessment will be required annually. Additionally, if there are any significant changes to your cybersecurity infrastructure or protocols, a revised assessment must be submitted within 10 days of those changes.

This initiative is crucial for ensuring the integrity and security of our data and systems. Compliance with this requirement is **mandatory**.

For all providers, use this link to complete the assessment: <https://forms.office.com/g/eKawUFh3Gc>

For any questions or further guidance, feel free to contact the IT Security department at ITSecurityQA@dwihn.org. Thank you for your immediate attention to this critical matter and your continued cooperation.

Board of Directors

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James E. White, President and CEO



Bulletin Number: MMP 24-21

Distribution: MI Choice Waiver Agencies, Centers for Independent Living, Integrated Care Organizations (ICOs), Home Help Agency Providers and Individual Caregivers, Prepaid Inpatient Health Plans (PIHPs), Home Health Agencies, Medicaid Health Plans, Community Mental Health Services Programs (CMHSPs)

Issued: May 31, 2024

Subject: Electronic Visit Verification (EVV) Personal Care Services and Medicaid Managed Care Home Health Care Services Implementation

Effective: As Indicated

Programs Affected: Medicaid, Behavioral Health, Community Transition Services (CTS), Comprehensive Health Care Program (CHCP) – Medicaid Health Plan, Home Help, MI Choice, MI Health Link

Purpose

The purpose of this bulletin is to inform personal care services (PCS) providers and home health care services (HHCS) managed care providers of the Michigan Department of Health and Human Services (MDHHS) requirements for Electronic Visit Verification (EVV).

Background

The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(l) to the Social Security Act to require all states to use EVV for PCS and HHCS provided under a Medicaid State Plan of the Social Security Act or under a waiver of the State Plan.

EVV is a technology-based validation of PCS or HHCS that is required when a provider begins or ends a visit in the home. This information helps to ensure that beneficiaries receive their authorized care. The requirement of EVV does not prohibit PCS being delivered outside of the beneficiary's home. PCS should continue to be delivered in accordance with the beneficiary's needs, the individual plan of care, and the State Plan or Home and Community Based service standards.

MDHHS issued bulletin [MMP 23-76](#) on December 15, 2023, which provides information on provider enrollment for EVV-required PCS providers. Bulletin [MMP 24-08](#), issued February 22, 2024, provides additional information for Home Help providers on changes to Community Health Automated Medicaid Processing System (CHAMPS) enrollment, including important deadlines. Numbered letter [L 24-14](#) outlines an updated timeline of EVV start dates for all programs and CHAMPS enrollment deadlines for PCS providers.

EVV Open Vendor Model

MDHHS is implementing an open vendor EVV model. This allows providers flexibility to use the state EVV system at no cost or another EVV system of their choosing that meets state requirements. The state selected HHAeXchange as its EVV vendor and aggregator. To use an EVV system other than HHAeXchange, an agency provider must ensure compatibility with the HHAeXchange Electronic Data Interchange (EDI) process and must submit EVV information to the state's aggregator. An agency provider's use of an alternative EVV system is at their own cost.

Additional information about use of an alternative EVV system and the EDI process can be found on the [HHAeXchange website](#).

EVV Data Requirements

The Cures Act requires the following six data elements to be collected for EVV:

- Type of service performed
- Person receiving the service
- Date of the service
- Location of the service
- Person providing the service
- Time the service begins and ends

EVV Data Collection Methods

If using the state-offered EVV solution, the methods for reporting information include:

Mobile Application

The mobile application can be downloaded to a beneficiary-owned, caregiver-owned or employer-issued smart phone or GPS-enabled tablet. The caregiver will use the device to clock-in at the start of the service and clock-out at the end of the service. This is the preferred method for reporting EVV information.

The mobile device also has an offline EVV feature that allows the caregiver to clock-in and clock-out while offline, as in the absence or loss of an internet connection. The information will transmit the stored data once internet connection returns. The data is time-sensitive, requiring the caregiver to ensure access to an internet connection within seven calendar days of service delivery.

Interactive Voice Response (IVR)/Telephony

Using the beneficiary's landline, the caregiver will call into a designated toll-free EVV telephone line to clock-in at the start of the service and place a second call to clock-out at the end of the service. This is an approved method of reporting EVV, but only expected to be used if the mobile application is not an option.

A caregiver may use IVR when:

1. The beneficiary authorizes the use of their landline for EVV.
2. The beneficiary's services start and end in their home.

If the beneficiary does not have a landline that can be used for the purpose of EVV, the caregiver must use the mobile application. Agency providers must ensure caregivers have access to alternate methods to capture EVV data.

If using an alternative EVV vendor system, caregivers will continue to use the vendor's existing data collection methods, as long as the system has been validated as meeting federal and state EVV requirements. Refer to the [HHAeXchange website](#) for additional information about validation of an alternative EVV system.

Implementation Dates By Program

The dates when programs must begin using EVV are as follows:

- **July 1, 2024** – Home Help Agency Providers (Personal Care Services)
- **September 3, 2024** – Behavioral Health, Home Help Individual Caregivers, MI Choice, and MI Health Link (Personal Care Services) and Medicaid Managed Care Home Health Care Services
(NOTE: PCS provided through Community Transition Services are exempt from using EVV at this time.)

Home Help providers must continue to use their current service verification methods (i.e., CHAMPS Electronic Service Verification, Paper Service Verification or the MSA-1904 Home Help Agency Provider Invoice). Payments will continue to be based on the data recorded on the current service verification methods until further notice.

Refer to bulletin [MMP 23-76](#) and Numbered Letter [L 24-14](#) for provider enrollment requirements and deadlines that must be met before EVV implementation.

Medicaid Managed Care (Medicaid Health Plan) Home Health Care Services

HHCS Fee-for-Service (FFS) providers began using EVV on April 1, 2024. Bulletin [MMP 24-11](#) describes EVV requirements specific to HHCS FFS providers. HHCS provided through a Medicaid Health Plan (MHP) are required to begin using EVV on September 3, 2024. Providers of HHCS provided through an MHP are expected to follow the EVV requirements as described in [MMP 24-11](#).

PCS Service Codes

The following procedure codes, listed by program, require the use of EVV. **Any personal care service listed below that starts or ends in the beneficiary’s home requires EVV.**

Program	Procedure Code	Service Description
Behavioral Health	H2015	Community Living Supports (CLS)
	T1005	Respite Care, per 15 minutes
Home Help	N/A	Personal Care Services
MI Choice	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
MI Health Link	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
	T1019	Personal Care Services (PCS), per 15 minutes

NOTE: PCS provided through Community Transition Services are excluded from EVV at this time.

EVV PCS Exclusions

The following sections contain information on congregate living settings, live-in caregivers, and beneficiaries who receive Home Help and CLS services during the same visit. Personal care services provided to beneficiaries who live in these settings, live with their caregiver(s), or receive Home Help and CLS services, as described below, are exempt from EVV for their PCS.

Beneficiaries with Home Help and CLS Services

Beneficiaries who receive PCS from both Home Help and Behavioral Health (in the form of CLS) in the same visit are excluded from EVV at this time.

Congregate Living

The Centers for Medicare & Medicaid Services (CMS) does not require EVV for PCS provided in settings offering 24-hour service availability or in congregate residential settings where 24-hour service is available.

As detailed in [MMP 23-76](#), congregate residential settings that provide PCS that do not require EVV include:

- Adult Foster Care Homes;
- Child Foster Care Homes;
- Homes for the Aged;
- Licensed Respite; and
- Living Facilities or private homes where PCS are provided 24 hours a day and a caregiver furnishes services to three or more individuals throughout a shift. **NOTE:** Home Help services provided in these settings require EVV.

Live-In Caregivers

For the purposes of EVV, the definition of “live-in caregiver” requires the provider to meet all the following criteria:

- The caregiver lives in the same home as the beneficiary;
- The home is the caregiver’s permanent and primary residence; and
- The caregiver is responsible for providing PCS that require EVV to the beneficiary.

The caregiver could be employed by the beneficiary, through a home care agency, or through an approved self-determination arrangement.

Live-in caregiver exemptions must be approved by MDHHS or an Approving Entity using the process detailed below. An “Approving Entity” is designated by MDHHS but is not an agency provider.

Live-in caregivers who do not complete all requirements for the exemption process must use EVV. Those caregivers with a pending exemption request must use EVV until their exemption request has been approved. Live-in caregivers must adhere to outlined policy to continue to be exempt from reporting EVV.

NOTE: Home Help live-in individual caregivers are exempt from using EVV. Additional guidance for Home Help live-in caregivers will be shared in a future communication.

Exemption Process for Live-In Caregivers

The live-in caregiver must complete the Live-In Caregiver Attestation Form and provide two of the following as proof of residency. Documents must include the live-in caregiver’s name and current home address. Electronic copies are accepted.

- Valid Michigan driver’s license
- Valid Michigan state identification
- Utility bill or credit card bill issued within the last 90 days
- Account statement from a bank or other financial institution issued within the last 90 days

- Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord's telephone number)
- Pay stub or earnings statement issued within the last 90 days
- Life, health, auto or home insurance policy
- Michigan title and registration
- Federal, state or local government documents, such as receipts, licenses or assessments

Renewal of live-in status must be done at least annually and any time the beneficiary's or caregiver's address changes. For the annual renewal, if the beneficiary and caregiver address remain the same, the caregiver signs a new Live-in Caregiver Attestation Form for the MDHHS representative or Approving Entity to approve. No additional documentation is required.

A new Live-In Caregiver Attestation Form must be obtained if the beneficiary and live-in caregiver move to a new address. When the caregiver no longer lives with the beneficiary, the caregiver must report this to MDHHS, the fiscal intermediary, home care agency or Approving Entity within 10 calendar days. If this caregiver is still providing services that require EVV, the EVV system must be used immediately upon moving out of the shared residence. When the home care agency or fiscal intermediary finds that the caregiver no longer lives with the beneficiary, they must notify MDHHS or the Approving Entity within three business days.

The MDHHS representative and Approving Entity are responsible for:

- Approval or denial of the individual as a live-in caregiver;
- Providing to the caregiver a reason for denial, if applicable;
- Signing the Live-In Caregiver Attestation Form;
- Retaining the signed Attestation Form in the beneficiary's case record;
- Sending a copy of the approved Attestation Form to the beneficiary, the live-in caregiver, and the fiscal intermediary or home care agency;
- Updating live-in caregiver information in the EVV system; and
- Monitoring live-in caregiver compliance to live-in caregiver policy.

The MDHHS representative or Approving Entity must review the attestation form and documents and provide to the caregiver a reviewed, signed form within ten business days of the approver's receipt. Caregivers with a denied request may resubmit a corrected form, as applicable.

The fiscal intermediary, home care agency, or Approving Entity must enter the approved information for the live-in caregiver into the beneficiary's EVV record in the EVV system as "Residing Caregiver." This serves as a flag that the caregiver has been approved as live-in and is exempt from EVV.

If the beneficiary transfers to a different Approving Entity, the receiving Approving Entity must maintain the Live-in Caregiver Attestation Form and documentation and may choose to adopt the current Live-In Caregiver Attestation Form or obtain a new one.

EVV COMPLIANCE

MDHHS is developing an EVV compliance and monitoring plan and will share additional information as it becomes available.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

LIVE-IN CAREGIVER ATTESTATION
Michigan Department of Health and Human Services

Live-in caregivers employed by beneficiaries or agency providers are exempt from using Electronic Visit Verification (EVV). Exemptions must be approved by MDHHS or an Approving Entity. An “Approving Entity” is designated by MDHHS but is not an agency provider. The following criteria must be met for the caregiver to qualify for the EVV live-in caregiver exemption:

- The caregiver must live in the same home as the beneficiary; and
- The home must be the caregiver’s permanent and primary residence.

Live-in caregivers who do not meet the above criteria must use EVV to document personal care services.

INSTRUCTIONS

1. Use **two** of the following proofs of residency to verify the caregiver and beneficiary live at the same permanent, primary residence. Documents must include the live-in caregiver’s name and current home address. Electronic copies are acceptable.

- Valid Michigan driver’s license
- Valid Michigan state identification
- Utility bill or credit card bill issued within the last 90 days
- Account statement from a bank or other financial institution issued within the last 90 days
- Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord’s telephone number)
- Pay stub or earnings statement issued within the last 90 days
- Life, health, auto or home insurance policy
- Michigan title and registration
- Federal, state or local government documents, such as receipts, licenses or assessments

2. Complete this form using the following instructions.

SECTION 1: Fill in the caregiver’s first and last name, CHAMPS Provider ID Number, and home address. The address must be the caregiver’s current, primary and permanent address.

SECTION 2: Fill in the beneficiary’s first and last name, Medicaid ID number and home address. The address must be the beneficiary’s current, primary and permanent address.

SECTION 3: The caregiver must provide a handwritten signature and the date of signature. The MDHHS or Approving Entity representative must review the form and attached documentation, sign and date the attestation form and check "Approved" or "Denied" with a reason for denial, if applicable.

HOW TO SUBMIT THIS FORM: Complete this form and submit it along with the documents to your program’s Approving Entity or MDHHS representative. This form can be submitted in person, by email, mail, or fax. Contact your beneficiary’s adult services worker, supports/care coordinator, or case manager for assistance turning this form in.

HOW TO RETAIN THIS FORM: Keep a copy of the completed form in a secure place for seven years after the approved signature date in Section 3 of the form. The MDHHS or Approving Entity representative must comply with the privacy, security, and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).

LIVE-IN CAREGIVER ATTESTATION
Michigan Department of Health and Human Services

SECTION 1 – CAREGIVER INFORMATION

Purpose of Attestation (Check One): <input type="checkbox"/> Initial Request <input type="checkbox"/> Address Change <input type="checkbox"/> Renewal			
First Name	Last Name	CHAMPS Provider ID Number	
Street Address	City	State	Zip Code

SECTION 2 – BENEFICIARY INFORMATION

First Name	Last Name	Medicaid ID Number	
Street Address	City	State	Zip Code

SECTION 3 – ATTESTATION

I attest that I live with and provide personal care services to the beneficiary named above. I have provided the required proofs of address and agree to provide updated attestation every year or upon request to maintain live-in caregiver status and be exempt from Electronic Visit Verification (EVV) requirements. I also agree to notify MDHHS, the approving entity, fiscal intermediary or home care agency within 10 calendar days if my living arrangement changes and I no longer live with the beneficiary named above. I understand that failure to provide necessary updated documentation will result in me being required to use EVV.	
Live-In Caregiver Signature	Date Signed

FOR MDHHS OR APPROVING ENTITY USE ONLY

I attest that the caregiver documented above provided at least two proofs of residency listed on the instructions page of this form. Based on my review of the documents provided, the caregiver is: <input type="checkbox"/> Approved for the EVV live-in caregiver exemption. <input type="checkbox"/> Denied Reason for Denial:	
Name of Organization/Program of Approving Entity	
MDHHS or Approving Entity Staff Printed Name	
MDHHS or Approving Entity Staff Signature	Date

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.

Bulletin Number: MMP 24-34

Distribution: MI Choice Waiver Agencies, Integrated Care Organizations (ICOs), Home Help Agency Providers and Individual Caregivers, Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs)

Issued: September 4, 2024

Subject: Electronic Visit Verification (EVV) Personal Care Services Updates

Effective: October 1, 2024

Programs Affected: Medicaid, Behavioral Health, Home Help, MI Choice, MI Health Link

BULLETIN MMP 24-21 POLICY UPDATES

The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(l) to the Social Security Act to require all states to use Electronic Visit Verification (EVV) for personal care services (PCS) and home health care services (HHCS) provided under a Medicaid State Plan of the Social Security Act or under a waiver of the plan.

The purpose of this bulletin is to provide the following updates to [MMP 24-21](#):

- Addition of a service code for Home Help;
- Updated language of Home Help and Behavioral Health services exemptions;
- Updated language of congregate living settings;
- Addition of an exception to the live-in caregiver exemptions;
- Addition of information and requirements of the Approving Entity for live-in caregiver exemptions;
- Addition of a Notification of Upcoming End Date letter for Approving Entities to use; and
- Updated Live-in Caregiver Attestation Form BPHASA-2421.

PCS Service Codes

In Bulletin MMP 24-21, the PCS Service Codes chart has the following change: Home Help will use procedure code T1019:CG, Personal Care Services, per one minute.

EVV PCS Exclusions

The following sections contain information on congregate living settings, live-in caregivers, and beneficiaries who receive PCS through Home Help and Behavioral Health during the same visit. PCS provided to beneficiaries who live in these settings, live with their caregiver(s), or

receive Home Help and Behavioral Health services, as described below, are exempt from EVV for their PCS.

NOTE: Home Help providers who are eligible for these exemptions must document Home Help services using an alternate service verification designated by MDHHS. Additional information will be provided prior to Home Help payments being tied to EVV data.

Beneficiaries Receiving Home Help and Behavioral Health Services

Beneficiaries who receive PCS through both Home Help and Behavioral Health in the same visit rendered by the same caregiver are excluded from EVV at this time. When only one of these program's (Home Help OR Behavioral Health) services is rendered during a visit, EVV must be used.

Congregate Living

Congregate residential settings that provide PCS that do not require EVV include:

- Adult Foster Care Homes;
- Child Foster Care Homes;
- Homes for the Aged;
- Licensed Respite; and
- Residential settings (including unlicensed provider-owned and/or -operated and privately-owned/-leased settings) with 24 hours per day/7 days per week service availability to two or more unrelated individuals throughout a shift.
 - Home Help services provided in room and board settings do not qualify for the congregate living exemption.

Live-in Caregivers

Live-in caregivers employed through a provider agency (i.e., home care agency, fiscal intermediary, etc.) may be required to use an EVV system for business purposes, such as service verification and payroll. The live-in caregiver exemption does not prevent an agency from requiring their caregivers to use EVV for business purposes.

Approving entities are defined as follows:

Program	Approving Entity
MI Choice Waiver	MI Choice Waiver Agencies
Behavioral Health Services	Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP) designee
MI Health Link	Integrated Care Organization (ICO) or designee
Home Help	MDHHS Adult Services Worker

The live-in caregiver must complete the Live-in Caregiver Attestation form (BPHASA-2421) and submit it to the correct Approving Entity. A completed BPHASA-2421 may be submitted directly to the Approving Entity, or it may be submitted to the provider agency employer or fiscal intermediary (FI) who will forward it to the Approving Entity according to their records.

Each program's Approving Entity must establish a standard process for submission and review of the BPHASA-2421 and documentation. This process must include a secure process for receiving the documentation if email is used so that personal identifying/health information is not shared publicly.

The Approving Entity is required to have at least two designated approvers (a primary approver and a backup approver) so that review of the form is not delayed if an approver is unavailable. The Approving Entity must review BPHASA-2421 and attached documents and make the decision to approve or deny the exemption request within ten (10) calendar days of receipt of the documentation. If the request is denied, the Approving Entity must indicate a Reason for Denial on BPHASA-2421. The reason for denial must be detailed so the caregiver understands why it is denied.

The Approving Entity must share the approved or denied BPHASA-2421 with the provider agency or FI, live-in caregiver, and the beneficiary. Caregivers must use EVV until an approval is received. **NOTE:** Home Help caregivers who have submitted the BPHASA-2421 to their Home Help client's MDHHS adult services worker (ASW) are exempt from using EVV until a determination is made.

Provider agencies are required to complete initial set-up within the HHAeXchange system that reflects the beneficiary has an approved live-in caregiver exemption. This requires the provider agency, FI, or Approving Entity (depending on system access allowed) to enter the live-in caregiver as a "Residing Caregiver" in the appropriate field in the HHAeXchange system. This step will support pre- and post-payment reconciliation needs.

The Approving Entity is required to ensure that documentation is maintained and must be shared with MDHHS upon request for audit or monitoring purposes.

BPHASA-2421 includes space for the caregiver to enter their CHAMPS Provider ID Number. For programs other than Home Help, caregivers may not have a CHAMPS Provider ID. Caregivers without a CHAMPS Provider ID may leave this field blank or write "N/A" in the field.

Renewal of Live-in Caregiver Status for Managed Care Programs

As stated in MMP 24-21, renewal of live-in status must be done annually. Using the attached Notification of Upcoming End Date for Electronic Visit Verification Live-In Caregiver Attestation Documentation letter template, the Approving Entity must notify the caregiver of the upcoming end date of their approved BPHASA-2421 so the caregiver can timely submit the annual renewal documentation. This notifying letter should be sent to the caregiver, provider agency or FI, and beneficiary. The Approving Entity may send BPHASA-2421 with this letter for the caregiver to use for their renewal. The Managed Care Program Approving Entity must send notification at least thirty (30) calendar days prior to the end date of the existing Attestation.

If the caregiver fails to submit renewal documentation, this must not delay services. The caregiver would no longer be exempt from using EVV and would have thirty (30) days to get set-up with EVV. If EVV is not used after the thirty (30) day grace period, the Approving Entity is held responsible for non-compliance and potential recoupment of funds.

If a beneficiary moves with a caregiver, and the caregiver does not notify the Approving Entity within ten (10) calendar days, the Approving Entity must provide notice that the current BPHASA-2421 form will end and on what date. The caregiver will have thirty (30) calendar days to submit a new BPHASA-2421 and documentation to maintain the live-in caregiver exemption. If documentation is not provided, the caregiver must begin using EVV. The EVV set-up will occur within that thirty (30) day period after the Approving Entity is notified of the move. During the transition/move, a United States Postal Service (USPS)-issued Change of Address form or Michigan Secretary of State issued temporary State ID are acceptable forms of documentation.

If a provider has recurring issues with non-compliance, the Approving Entity must address the issues with the provider. The Approving Entity must allow time for the provider to make corrections.

Renewal of Live-in Caregiver Status for the Home Help Program

Renewal of live-in status must be done every six months to remain exempt from EVV. ASWs will work with caregivers to complete a renewal of BPHASA-2421 during each six-month review.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Emily Frankman at FrankmanE@michigan.gov.

Please include "EVV Personal Care Services Updates" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, looped initial "M".

Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration

SAMPLE

Notification of Upcoming End Date for Electronic Visit Verification Live-In Caregiver Attestation Documentation Letter

Dear <live-in caregiver's first and last name>

You are receiving this letter because your live-in caregiver exemption is set to end on <end date>. According to Michigan Medicaid policy for electronic visit verification (EVV), the live-in status must be renewed at least annually.

If you are still living with <enter beneficiary's first and last name> and want to keep the exemption from electronic visit verification (EVV), you must complete and submit another Live-In Caregiver Attestation form, BPHASA-2421, no later than <enter due date (the end date of the existing Attestation)>. In the "Purpose of Attestation" area on the form, check the box for "Renewal." If there has not been a change of address from the approved Attestation form on file, no additional documentation for proof of address is needed for the renewal.

If there has been a change in the existing address on file, new proof of address documentation is needed (see BPHASA-2421 instructions page for a list of acceptable documentations).

Once the BPHASA-2421 Attestation form is complete with documentation (if needed), submit it to:

<enter Approving Entity's information>

Sincerely,

<enter Approving Entity signature>

LIVE-IN CAREGIVER ATTESTATION

Michigan Department of Health and Human Services

Live-in caregivers employed by beneficiaries or agency providers are exempt from using Electronic Visit Verification (EVV). Exemptions must be approved by MDHHS or an Approving Entity. An "Approving Entity" is designated by MDHHS but is not an agency provider. The following criteria must be met for the caregiver to qualify for the EVV live-in caregiver exemption:

- The caregiver must live in the same home as the beneficiary; and
- The home must be the caregiver's permanent and primary residence.

Live-in caregivers who do not meet the above criteria must use EVV to document personal care services.

INSTRUCTIONS

1. Use **two** of the following proofs of residency to verify the caregiver and beneficiary live at the same permanent, primary residence. Documents must include the live-in caregiver's name and current home address. Electronic copies are acceptable. For annual renewals if the caregiver and beneficiary reside in the same address, these proofs of residency are not required.

- Valid Michigan driver's license
- Valid Michigan state identification
- Utility bill or credit card bill issued within the last 90 days
- Account statement from a bank or other financial institution issued within the last 90 days
- Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord's telephone number)
- Pay stub or earnings statement issued within the last 90 days
- Life, health, auto or home insurance policy
- Michigan title and registration
- Federal, state or local government documents, such as receipts, licenses or assessments

2. Complete this form using the following instructions.

SECTION 1: Fill in the caregiver's first and last name, email address, phone number, CHAMPS Provider ID Number, if applicable, and home address. The address must be the caregiver's current, primary and permanent address.

SECTION 2: Fill in the beneficiary's first and last name, Medicaid ID number and home address. Check the box of the program of which the beneficiary is enrolled in and receives services. The address must be the beneficiary's current, primary and permanent address.

SECTION 3: The caregiver must provide a handwritten signature and the date of signature. The MDHHS or Approving Entity representative must review the form and attached documentation, sign and date the attestation form and check "Approved" or "Denied" with a reason for denial, if applicable.

HOW TO SUBMIT THIS FORM: Complete this form and submit it along with the documents to your program's Approving Entity or MDHHS representative. This form can be submitted in person, by email, mail, or fax. Contact your beneficiary's adult services worker, supports/care coordinator, or case manager for assistance turning this form in.

HOW TO RETAIN THIS FORM: Keep a copy of the completed form in a secure place for seven years after the approved signature date in Section 3 of the form. The MDHHS or Approving Entity representative must comply with the privacy, security, and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).

LIVE-IN CAREGIVER ATTESTATION
Michigan Department of Health and Human Services

SECTION 1 – CAREGIVER INFORMATION

Purpose of Attestation (Check One): <input type="checkbox"/> Initial Request <input type="checkbox"/> Address Change <input type="checkbox"/> Renewal			
First Name		Last Name	
Street Address		City	State
Email Address		Phone Number	CHAMPS Provider ID Number

SECTION 2 – BENEFICIARY INFORMATION

First Name		Last Name		Medicaid ID Number
Street Address		City	State	Zip Code
(Check One): <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Help <input type="checkbox"/> MI Choice <input type="checkbox"/> MI Health Link				

SECTION 3 – ATTESTATION

<p>I attest that I live with and provide personal care services to the beneficiary named above. I have provided the required proofs of address and agree to provide updated attestation every year or upon request to maintain live-in caregiver status and be exempt from Electronic Visit Verification (EVV) requirements. I also agree to notify MDHHS, the approving entity, fiscal intermediary or home care agency within 10 calendar days if my living arrangement changes and I no longer live with the beneficiary named above. I understand that failure to provide necessary updated documentation will result in me being required to use EVV.</p>	
Live-In Caregiver Signature	Date Signed
<p>FOR MDHHS OR APPROVING ENTITY USE ONLY</p> <p>I attest that the caregiver documented above provided at least two proofs of residency listed on the instructions page of this form or is renewing their attestation at the same address as previously recorded and approved. Based on my review of the documents provided, the caregiver is:</p> <p><input type="checkbox"/> Approved for the EVV live-in caregiver exemption.</p> <p><input type="checkbox"/> Denied Reason for Denial:</p>	
Name of Organization/Program of Approving Entity	
MDHHS or Approving Entity Staff Printed Name	

MDHHS or Approving Entity Staff
Signature

Date

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.