



**Detroit Wayne
Mental Authority**

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September 17, 2019

To: Residential Providers
From: Eric Doeh, Chief Network Officer, Detroit Wayne Mental Health Authority
Re: Home Help Information and Assistance

Included in this communication is information about the Michigan Department of Health and Human Services (MDHHS) Home Help Program, important information about submitting monthly Home Help invoices, downloadable and printed versions of the Home Help Agency invoice and Adult Services Application-DHS 390.

Home Help Program

The Home Help program is administered by MDHHS and provides personal care services to individuals who need hands-on assistance with Activities of Daily Living (ADLs) and with Instrumental Activities of Daily Living (IADLs). MDHHS is responsible for approving Home Help providers for participation in the program.

Medicaid Services - Home Help

Assistance is available if the person receiving services needs help with daily activities and meets eligibility requirements. To receive Home Help services, a person must be eligible for Medicaid and require physical assistance with at least one activity of daily living. An assessment will be provided to determine if the person needs assistance with daily care. Below are some of the services that may be available.

You may qualify for assistance with activities of daily living:	In addition, you may qualify for assistance with instrumental activities of daily living:
Eating or Feeding	Taking medication
Toileting	Meal preparation
Bathing	Laundry
Grooming	Housework
Dressing	Shopping for essential items
Transferring from one position to another	
Mobility within the home	

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IMPORTANT UPDATE FOR AGENCY PROVIDERS

Per [MSA 19-18](#), effective October 1, 2019, all Agency Providers must submit a monthly [MSA-1904](#) Home Help Agency Invoice. The MSA-1904 must include an accurate record of the authorized Home Help services that were provided on each day of the billing period. A separate MSA-1904 must be submitted for each person served.

Payment will not be released until the MSA-1904 has been received and verified by the person's local county MDHHS office.

The Detroit Wayne Mental Health Authority requests all Agency Providers submit either the Approval letter and/or the completed copy of the MSA -1904 or the Denial letter.

Please click below link to find the fillable version of the MSA-1904:

https://www.michigan.gov/documents/mdhhs/MSA_1904-Home_Help_Agency_Invoice-7-2019_660598_7.docx

Please click below link to find the Adult Services Application-DHS 390 or it can also be found on the following page. It is used to apply for Home Help as part of initiating the request.

https://www.michigan.gov › documents › dhs › DHS-0390_195026_7

If you have any questions, please feel free to reach out to the DWMHA Residential department at: residentialreferral@dwmha.com

Regards,

Eric Doeh, JD; CHC

Chief Network Officer, Detroit Wayne Mental Health Authority

ADULT SERVICES APPLICATION

Michigan Department of Health and Human Services

FOR DEPARTMENTAL USE ONLY

NOTE: If you need help to complete this application please indicate what kind of help you need.

- Bilingual Interpreter
 Sign-language interpreter for the deaf
 Other (Specify):

1. Case Name
2. Case Number 3. Recipient I.D. Number
4. County District Section Unit Worker Date

5. Your Full Name (of person needing or requesting services) 6. Date of Birth (mm/dd/yyyy) 7. Social Security Number
8. Your address (No., Street, City, State, Zip Code) 9. Phone or Cell Number 10. TTD No. (Teletype for the deaf)

SECTION A. DEPARTMENT PROGRAMS: Below is a brief description of the services provided by the Department. Check the box or boxes which describe the services you need or problems where you desire help.

- 1. Home Help - Services to help pay for someone to assist with personal care and housekeeping.
2. Adult Community Placement - Services for adults who can no longer remain in their own homes. Includes help finding an adult foster home or home for the aged and services for people living in these settings.
3. Other Services - Nonpayment services to help adults stay safe in their own homes. Services may include information and referral to other community resources.

IF YOU OR SOMEONE YOU KNOW IS IN NEED OF PROTECTIVE SERVICES, CONTACT CENTRALIZED INTAKE FOR ABUSE OR NEGLECT AT 855-444-3911.

SECTION B. CURRENT SITUATION: Check all boxes that apply to you.

1. Your Status as a Recipient
a. Medicaid (MA) recipient e. MI Choice Waiver recipient j. Financial Independence Program (FIP) recipient
b. Medicaid application pending f. PACE recipient k. State Disability Assistance (SDA) recipient
c. Supplemental Security Income (SSI) recipient g. MI Health Link recipient h. Community Mental Health (CMH) recipient l. Veteran Affairs recipient
d. Applied for SSI but did not meet income requirements i. Food Assistance recipient m. Other
2. Living Arrangement (Check all boxes that apply to you and answer related questions)
a. Alone
b. With husband/wife If married, answer questions below.
Is husband/wife disabled? Yes No
Is husband/wife working? Yes No
Full name of husband/wife Date of Birth
c. With children under age 18. How many?
d. With others (relatives and non-relatives) How many?
e. Live in adult foster care facility, home for the aged.

Read the following statement, sign and date the application.

I wish to apply for one of the adult services programs. I certify that the information I have given is correct. By signing, I acknowledge that I have read and agree to the rights, responsibilities and important things to know described in Section C of this application.

Signature of Client or Authorized Representative Date