

HOME HELP SERVICES AGREEMENT

Michigan Department of Health and Human Services

Case Log Number	
Local MDHHS Office	
Adult Services Worker	Adult Services Worker Phone Number

See Page 1 for Instructions and the Purpose of this form.

SECTION 1 - Beneficiary Information

Beneficiary Name			Medicaid ID Number
Beneficiary Address (number and street, apartment/lot number)			Date of Birth
City	State	ZIP Code	Telephone Area Code and Number ()

SECTION 2 - Home Help Individual Caregiver or Agency Provider Information

Individual Caregiver or Agency Provider Name ZENTRA HOME CARE			Provider ID Number 6303564
Address (number and street, apartment/lot number) 15690 Joy Rd suite b			Telephone Area Code and Number (313)589-5000
City Detroit	State MI	ZIP Code 48228	Verification of Photo ID made by AGENCY
If related to the beneficiary, state relationship			

SECTION 3 – Home Help Services Schedule

- Approved services are displayed in the provider's approved Time and Task schedule.
- Total hours per month include travel time for shopping and laundry.
- Total time billed must not exceed the provider's approved Time and Task schedule for the billing period.
- Authorized payments will not include billed time in excess of the approved amount.

SECTION 4 – Terms of Beneficiary and Individual Caregiver/Agency Provider Agreement

By my signature below, I agree to the following agreement terms and understand:

- The **individual caregiver** is an employee of, and provides Home Help services to, the above-named beneficiary who has the right to hire and fire the individual caregiver. Serving as a Home Help individual caregiver does NOT make the individual caregiver an employee or a subcontractor of the Michigan Department of Health and Human Services (MDHHS) or the State of Michigan.
- The **agency provider** renders Home Help services to the above-named beneficiary, who has the right to terminate services with the agency provider at any time. Providing services to the above-named beneficiary does NOT make the agency provider a contractor of MDHHS or the State of Michigan.
- The individual caregiver/agency provider must comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).
- If the individual caregiver/agency provider is paid for services he or she did not provide, the individual caregiver/agency provider must repay the State of Michigan. Grounds for repayment include, but are not limited to, billing for services delivered when the provider and/or client was unavailable. This may include client hospitalization or nursing facility admission.
- The individual caregiver/agency provider agrees to accept payments issued by MDHHS as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
- The individual caregiver must submit an electronic services verification (ESV) or paper services verification (PSV) each month to report the services he or she provided before payment is released. The agency provider must submit a monthly invoice with a record of services provided before payment is released.
- In order to receive payment, the individual caregiver/agency provider must keep and submit to MDHHS or their designee any and all records necessary to disclose the extent of services provided to the beneficiary. The individual caregiver/agency provider must retain the records for seven years from the date of service.
- The individual caregiver/agency provider must cooperate with MDHHS or their designee regarding any audits, investigations or inquiries related to Home Help services provided.
- An individual caregiver on public assistance will report this employment to their Eligibility Specialist/Family Independent Specialist at MDHHS.
- The Home Help program is funded by Medicaid. Payments will not be approved by the Department if the beneficiary's Medicaid eligibility is inactive.
- The beneficiary may change the work schedule at any time. Any change should be reported to the MDHHS Adult Services Worker within 10 business days.
- Any changes, including but not limited to, beneficiary hospitalizations, nursing facility admission, address change, or discontinuation of services provided, will be reported to the MDHHS Adult Services Worker within 10 business days by the beneficiary and/or individual caregiver/agency provider.
- The individual caregiver/agency provider must report all changes affecting provider enrollment by updating the information in CHAMPS within 10 calendar days. This includes, but is not limited to, changes in address, telephone number, email, agency ownership, agency contact name or an agency caregiver or agency employee.

Individual Caregiver Employee or Agency Provider

Date Signed

Beneficiary / Employer (Guardian when applicable)

Date Signed