

Molina Healthcare

Provider Open Forum April 2025

Agenda

- Direct Care workers rate increase
- NEW HCBS Fee Schedule
- NEW MOS-MI Health Link
- Annual HCBS Waiver Attestation
- Appeals
- Policies/Procedures (Staff training/Background Checks)
- Bids (Home Modifications/ Chore Services for deep cleaning)
- EVV
- Live in Caregiver Yearly Attestation
- Home and Community-Based Services Survey for MI Health Link
- Forum Survey- Questions???

Direct Care workers

Rate increase- **Effective 4/1/2025**

No action needed. Do not submit corrected claims

\$5.00 per unit to \$6.63 per unit

HCPCS Codes

- T1019- Personal Care Services, up to 15 minutes
- S5150- Unskilled Respite Care, not Hospice, per 15 minutes
- H2015- Comprehensive community support services, per 15 minutes

MOS: Minimum Operating Standards

Adaptive Medical Equipment and Supplies

- Examples of covered items added (not an exhaustive list)

Assistive Technology

- Description updated
- Vehicle Modification removed
- Video recording not allowed added

Environmental Modifications

- Description updated
- New standard remark for (equipment requires being screwed into a wall)
- Services shall not be used for upgrades to the home or for additions added language
- Civil Rights Division- The Fair Housing Act link updated

Expanded Community Living Supports

- Help with finances changed to money management
- Virtual video language added
- Transportation during quarantine or isolation added (errands)

MOS: Minimum Operating Standards

Fiscal Intermediary (FI)

- Description updated
- Members enrolled in Self-determination only

Home Delivered Meals

- Approval of door drop when member is in quarantine or isolation
- Hello Fresh, Blue Apron etc. No more than 2 meals/day. Assessment for the need

Individualized Goods and Services *NEW*

- Equipment or supplies not provided through MI Health Link waiver or Medicaid State Plan.
- Members enrolled in Self-determination only

Vehicle Modifications *NEW*

- Individual category.

Annual HCBS Waiver Attestation

- Outreach will begin soon! Please review the attestation to ensure you are compliant with policies and procedures. Sign and return attestation as soon as possible.
- Email: mhmltsscontracting@molinahealthcare.com

Provider Appeals

Dispute/appeal process must be followed for claims to be reviewed.

- Disputes/appeals **must** be submitted electronically:
 - Provider Portal (preferred): The Availity Essentials Provider Portal can be found at [Molina Healthcare | Availity](#)
 - Fax: (248) 925-1768
- Provider disputes/appeals **must** be submitted within 90 days from the remittance date.
- In the event the dispute/appeal is upheld:
 - Email MHMLTSSContracting@MolinaHealthCare.Com
 - Claim number
 - Patient information
 - Dispute/appeal number
 - Dispute/appeal discussion information

Staff Background Checks and Staff Education

Backgrounds

- Background check must be completed within 90 days of hire date; Then monthly.
- Provider must maintain policies, procedures, and background check records.

Staff Training

- Provider must have policies, procedures, and training materials that demonstrate Provider's staff, and its Subcontractors are trained upon hire and annually thereafter in cultural competency. Provider must ensure all staff and Subcontractors deliver culturally competent services to Members. When written communications are required, Provider will consult with the Health Plan.

MI Health Link Training

Sign In- MI Healthlink Course Mill

Home Modifications

Home Modification Bid Requirements;

1. Provider agrees to make a good faith effort to evaluate and consider each bid request based on the scope of work, timeline, and resources available, and
2. Provider agrees to respond to all bid requests issued by Health Plan within 14 calendar days of receipt. All communications regarding bid requests, including acceptance or rejection, must be conducted in writing and sent via email to ensure proper documentation and record-keeping, and
3. Provider is required to apply for a minimum of five (5) bid requests per calendar year. However, if Health Plan does not issue at least five (5) bid requests to the Provider within the calendar year, the Provider will not be penalized for failing to meet the minimum acceptance requirement.

BIDs: Process

- When a Bid is sent out, there is a required turnaround time
- Please respond back stating if you are interested
- Please response back stating if you are not interested
- Provide a response within 14 days of receiving the request
- Provide that Bid within 30 days.
- When you are submitting a Bid for the services, please make sure you are providing detailed information.
- Make sure you are providing information that is needed. As far as approvals from the city you may need or permits. Or providing information stating a permit is not needed for that service.

Itemize

1. Service being performed (installation)
2. Supplies
3. Cost

BID Process

- Provider shall maintain accurate and detailed records of all services rendered under this Agreement. Provider agrees to furnish proof of work performed, which will include, but is not limited to, service logs and before and after photographs of completed services, upon request of Health Plan. Such documentation must clearly outline the nature of the services provided, the date and time of service, and the identity of the personnel who performed the work.

Electronic Visit Verification (EVV)

Why?

As part of the Federal 21st Century Cures Act the Center for Medicare and Medicaid Services (CMS) is requiring states to implement an Electronic Visit Verification (EVV) system for Personal Care and Home Health Care services.

What?

Electronic Visit Verification (EVV) is a validation of the date, time, location, type of personal care or home health care services provided, and individual(s) providing and receiving services. This information helps to ensure that beneficiaries, clients, or participants receive the expected care

Who?

Beneficiaries, Clients, Participants and Providers involved in the Personal Care or Home Health Care programs.

When?

The Michigan Department of Health and Human Services (MDHHS) is currently focused on activities related to COVID-19. A timeline of when EVV will be rolled out in Michigan has not been established yet. MDHHS will continue to keep caregivers, providers, and beneficiaries informed of all EVV updates and changes. No action is required at this time.

Open Discussion:

- Questions/Concerns
- Problems

Please note: Additional provider training session is being scheduled for Monday, May 12, 10:00 am - 11:30 am. It will include 60 minutes of training by HHAX and 30 minutes of open Q&A. The state and HHAX will respond to questions. Plans are encouraged to attend. The state will share the communication and registration information once finalized.

We will be looking at provider adoption rates of the EVV system and doing outreach.

[HHAXchange Knowledge Base Home](#)

[Michigan EVV \(Electronic Visit Verification\) | HHAXchange](#)
[Caregivers and Providers - FAQs](#)

HHAeXchange – Offline Mode

You are here: [Documentation](#) / [Mobile](#) / Offline Mode

Offline Mode

Offline Mode

This feature must be enabled by the Agency/Office to be available for Caregivers.

This feature allows Caregivers to use the Mobile App when there is no internet connectivity; later to synchronize when connectivity is restored. With this feature enabled, Caregivers can Clock IN/OUT successfully while **offline**. Once the internet connectivity is restored, the Mobile App synchronizes with the HHAeXchange system and new and modified Visit information is exchanged between the HHAeXchange System and the Caregiver Mobile App according to the Agency-defined sync period.

Synchronization occurs for the Caregiver on the Mobile App when any of the following actions take place online:

- Logging In
- Switching Agencies
- Changing Languages

During synchronization, the Mobile App downloads the next Visits for the synchronization period as defined by the Agency at the Office Level. This value can range from 24 hours to 120 hours with 24 hours as the default.

The only indicator that the Caregiver has when in **Offline mode** is the **Offline Mode** Active message alert that appears at the bottom of the Home screen.

Offline Mode

Live in Caregiver Attestations

Reminders

- Please double check forms and documents to identify information is correct
 - Members physical address must be correctly listed in system and match caregiver's address
- Forms not completed correctly will be denied and returned to the agency
- 2 Proofs of residence must be in the Caregivers name
 - Documents must be current and/or issued within the last 90 days
- Agency to send forms to: mhmltsscontracting@molinahealthcare.com
- Exclusion from EVV is **not** an exclusion from providing a timecard

Home and Community-Based Services Survey for MI Health Link

Measure	Trend Analysis (2024 Compared to 2023)	Trend Analysis (2024 Compared to 2022)
Composite Measures		
<i>Staff Listen and Communicate Well Composite</i>	—	—
<i>Staff easy to understand</i>	—	▲
<i>Helpful Case Manager Composite</i>	—	—
<i>Contact case manager</i>	▲	▲
<i>Personal Safety and Respect Composite</i>	—	▲
<i>Someone to talk to</i>	—	▲
Unmet Need Measure		
<i>No Unmet Need in Toileting</i>	—	▲ ⁺
<p>+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p> <p>▲ Indicates the 2024 score is statistically significantly higher than the comparison year.</p> <p>▼ Indicates the 2024 score is statistically significantly lower than the comparison year.</p> <p>— Indicates the 2024 score is not statistically significantly different than the comparison year.</p>		

Home and Community-Based Services Survey for MI Health Link

Composite Measure/Individual Item	Top-Box Scores
<i>Reliable and Helpful Staff Composite</i>	84.51%
Informed if staff cannot come	79.27%
Homemaker work time supposed to	70.59% ⁺
<i>Staff Listen and Communicate Well Composite</i>	88.02%
Staff easy to understand	82.97%
Homemakers courteous and respectful	82.35% ⁺
Homemakers easy to understand	76.47% ⁺
Treated the way you want by homemakers	82.35% ⁺
<i>Helpful Case Manager Composite</i>	96.06%
Helped getting or fixing equipment	95.80%
Helped getting other changes to services	93.18% ⁺
<i>Choosing the Services that Matter to You Composite</i>	79.22%
Plan included important things	63.12%
<i>Transportation to Medical Appointments Composite</i>	77.77%
Timely pickup	59.12%
<i>Personal Safety and Respect Composite</i>	97.01%
Someone to talk to	92.45%
<i>Planning Your Time and Activities Composite</i>	64.14%
Together with family	59.50%
Together with friends	39.18%
Community	23.57%

⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Home and Community-Based Services Survey for MI Health Link

Question Language	Response Options
	Standard
Global Ratings	
<i>Rating of Personal Assistance and Behavioral Health Staff</i>	
Using any number from 0 to 10, where 0 is the worst help from [personal assistance/behavioral health staff] possible and 10 is the best help from personal assistance/behavioral health staff possible, what number would you use to rate the help you get from [personal assistance/behavioral health staff]?	0–10 Scale
<i>Rating of Homemaker</i>	
Using any number from 0 to 10, where 0 is the worst help from homemakers possible and 10 is the best help from [homemakers] possible, what number would you use to rate the help you get from [homemakers]?	0–10 Scale
<i>Rating of Case Manager</i>	
Using any number from 0 to 10, where 0 is the worst help from case manager possible and 10 is the best help from [case manager] possible, what number would you use to rate the help you get from case manager?	0–10 Scale
Composite Measures and Composite Items	
<i>Reliable and Helpful Staff</i>	
In the last 3 months, how often did [personal assistance/behavioral health staff] come to work on time? (Staff on time to work)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [personal assistance/behavioral health staff] work as long as they were supposed to? (Staff work time supposed to)	Never, Sometimes, Usually, Always
In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that [personal assistance/behavioral health staff] could not come that day? (Informed if staff cannot come)	Yes, No
In the last 3 months, how often did [personal assistance/behavioral health staff] make sure you had enough personal privacy when you dressed, took a shower, or bathed? (Privacy [dressing, showering, bathing])	Never, Sometimes, Usually, Always

Home and Community-Based Services Survey for MI Health Link

Question Language	Response Options
	Standard
In the last 3 months, how often did [homemakers] come to work on time? (Homemaker on time to work)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [homemakers] work as long as they were supposed to? (Homemaker work time supposed to)	Never, Sometimes, Usually, Always
Staff Listen and Communicate Well	
In the last 3 months, how often did [personal assistance/behavioral health staff] treat you with courtesy and respect? (Staff courteous and respect)	Never, Sometimes, Usually, Always
In the last 3 months, how often were the explanations [personal assistance/behavioral health staff] gave you hard to understand because of an accent or the way [personal assistance/behavioral health staff] spoke English? (Staff easy to understand)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [personal assistance/behavioral health staff] treat you the way you wanted them to? (Treated the way you want by staff)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [personal assistance/behavioral health staff] explain things in a way that was easy to understand? (Staff explain things in easy-to-understand way)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [personal assistance/behavioral health staff] listen carefully to you? (Staff listen to you)	Never, Sometimes, Usually, Always
In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what kind of help you needed with everyday activities, like getting ready in the morning, getting groceries, or going places in your community? (Staff know kind of help you need)	Yes, No
In the last 3 months, how often did [homemakers] treat you with courtesy and respect? (Homemakers courteous and respectful)	Never, Sometimes, Usually, Always
In the last 3 months, how often were the explanations [homemakers] gave you hard to understand because of an accent or the way the [homemakers] spoke English? (Homemakers easy to understand)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [homemakers] treat you the way you wanted them to? (Treated the way you want by homemakers)	Never, Sometimes, Usually, Always
In the last 3 months, how often did [homemakers] listen carefully to you? (Homemakers listen)	Never, Sometimes, Usually, Always
Do you feel [homemakers] know what kind of help you need? (Homemakers know kind of help you need)	Yes, No
Helpful Case Manager	
In the last 3 months, could you contact this [case manager] when you needed to? (Contact case manager)	Yes, No
In the last 3 months, did this [case manager] work with you when you asked for help with getting or fixing equipment? (Helped getting or fixing equipment)	Yes, No

Home and Community-Based Services Survey for MI Health Link

Question Language	Response Options
	Standard
In the last 3 months, did this [case manager] work with you when you asked for help with getting other changes to your services? (Helped getting other changes to services)	Yes, No
★ Choosing the Services that Matter to You	
In the last 3 months, did your [service plan] include none, some, most, or all of the things that are important to you? (Plan included important things)	None, Some, Most, All
In the last 3 months, did you feel [personal assistance/behavioral health staff] knew what's on your service plan, including the things that are important to you? (Staff knows plan and important things)	Yes, No
★ Transportation to Medical Appointments	
In the last 3 months, how often did you have a way to get to your medical appointments? (Way to get to appointments)	Never, Sometimes, Usually, Always
In the last 3 months, were you able to get in and out of this ride easily? (In/out of ride easily)	Yes, No
In the last 3 months, how often did this ride arrive on time to pick you up? (Timely pickup)	Never, Sometimes, Usually, Always
Personal Safety and Respect	
In the last 3 months, was there a person you could talk to if someone hurt you or did something to you that you didn't like? (Someone to talk to)	Yes, No
In the last 3 months, did any [personal assistance/behavioral health staff], [homemakers], or your [case managers] take your money or your things without asking you first? (Staff did not take any money or things)	Yes, No
In the last 3 months, did any [staff] yell, swear, or curse at you? (Staff do not yell, swear, or curse)	Yes, No
★ Planning Your Time and Activities	
In the last 3 months, when you wanted to, how often could you get together with these family members who live nearby? (Together with family)	Never, Sometimes, Usually, Always
In the last 3 months, when you wanted to, how often could you get together with these friends who live nearby? (Together with friends)	Never, Sometimes, Usually, Always
In the last 3 months, when you wanted to, how often could you do things in the community that you like? (Community)	Never, Sometimes, Usually, Always
In the last 3 months, did you need more help than you get from [personal assistance/behavioral health staff] to do things in your community? (Help doing things in community)	Yes, No
Do you take part in deciding what you do with your time each day? (What to do with time)	Yes, No
Do you take part in deciding when you do things each day – for example, deciding when you get up, eat, or go to bed? (When to do things)	Yes, No

Home and Community-Based Services Survey for MI Health Link

Question Language	Response Options
	Standard
Recommendation Measures	
<i>Recommend Personal Assistance/Behavioral Health Staff</i>	
Would you recommend the [personal assistance/behavioral health staff] who help you to your family and friends if they needed help with everyday activities?	Definitely no, Probably no, Probably yes, Definitely yes
<i>Recommend Homemaker</i>	
Would you recommend the [homemakers] who help you to your family and friends if they needed [homemaker services]?	Definitely no, Probably no, Probably yes, Definitely yes
<i>Recommend Case Manager</i>	
Would you recommend the [case manager] who helps you to your family and friends if they needed [case management services]?	Definitely no, Probably no, Probably yes, Definitely yes
Unmet Need Measures	
<i>No Unmet Need in Dressing/Bathing</i>	
In the last 3 months, was this [dressing/bathing need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No
<i>No Unmet Need in Meal Preparation/Eating</i>	
In the last 3 months, was this [meal preparation/eating need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No
<i>No Unmet Need in Medication Administration</i>	
In the last 3 months, was this [medication administration need] because there were no [personal assistance/behavioral health staff] to help you?	Yes, No
<i>No Unmet Need in Toileting</i>	
In the last 3 months, did you get all the help you needed with toileting from [personal assistance/behavioral health staff] when you needed it?	Yes, No
<i>No Unmet Need with Household Tasks</i>	
In the last 3 months, was this [household tasks need] because there were no [homemakers] to help you?	Yes, No
Physical Safety Measure	
<i>Not Hit or Hurt by Staff</i>	
In the last 3 months, did any [staff] hit or hurt you?	Yes, No

Survey

Thank you for joining us today!

We appreciate your feedback!

Please complete the survey below.

<https://molinahealthcare.surveymonkey.com/r/LTSSForum>