NAME	Adult Day Health
DEFINITION	Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, or as specified in the service plan, in a non-institutional, community based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of theses services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies will be furnished as component parts of this service. Transportation between the participant's place of residence and the Adult Day Health center will be provided as a component part of this service.
HCPCS CODES	**S5100**, Day care services, adult, per 15 minutes **S5101**, Day care services, adult, per half day
UNITS	S5100 = 15 minutes S5101 = half day, as defined by waiver agent and provider
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers", and minimally, Section B of the "General Operating Standards for MI Choice Waiver Providers."

2. Waiver agents shall only authorize Adult Day Health services for participants who meet at least one of the following criteria:

    a. Participants must require regular supervision to live in their own homes or the homes of a relative.
    b. Participants with caregivers must require a substitute caregiver while their regular caregiver is at work, in need of respite, or otherwise unavailable.
    c. Participants must have difficulty or be unable to perform without assistance, activities of daily living (ADL).
    d. Participants must be capable of leaving their residence with assistance to receive service.
    e. Participants are in need of intervention in the form of enrichment and opportunities for social activities to prevent and/or postpone deterioration that would likely lead to institutionalization.

3. A referral from a waiver agent for a MI Choice participant shall replace any screening or assessment activities performed for other program participants. The direct adult day health service provider shall accept copies of the MI Choice assessment and service plan to eliminate duplicate assessment and service planning activities.

4. Each program shall maintain comprehensive and complete files that include, at a minimum:

    a. Details of the participant's referral to the adult day health program.
    b. Intake records.
    c. Assessment of individual need or copy of assessment (and reassessments from referring program.
    d. Service plan (with notation of any revisions), or copy of MI Choice service plan.
    e. Listing of participant contacts and attendance.
    f. Progress notes in response to observations (at least monthly).
    g. Notation of all medications taken on premises, including:
        i. The medication;
        ii. The dosage;
        iii. The date and time of administration;
        iv. The initials of the staff person assisting with administration; and
        v. Comments
    h. Notation of basic and optional services provided to the participant.
    i. Notation of any and all release of information about the participant.
    j. Signed release of information form.

    Each program shall keep all participant files confidential in controlled access files. Each program shall use a standard release of information form that is time limited and specific as to the released information.

5. Each program shall provide directly, or arrange for the provision of the following services. If the program arranges for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place. For MI Choice participants, the waiver agent shall provide supports coordination.

    a. Transportation.
    b. Personal Care.
    c. Nutrition: one hot meal per eight-hour day which provides one-third of the recommended daily allowances and follows the meal pattern specified in the home delivered meals service standard. Participants in attendance from eight to fourteen hours per day shall receive an additional meal to meet a combined two-thirds of the recommended daily allowances. Modified diet menus should be provided where feasible and appropriate. Such modifications shall take into consideration participant choice, health, religious and ethnic diet preferences.
    d. Recreation: consisting of planned activities suited to the needs of the participant and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction.

6. Each program may provide directly, or arrange for the provision of the following optional services. If the program arranges for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.

    a. Rehabilitative: Physical, occupational, speech, and hearing therapies provided under order from a physician by licensed practitioners.

b. Medical Support: Laboratory, X-ray, or pharmaceutical services provided under order from a physician by licensed professionals.
c. Services within the scope of the Nursing Practice Act (PA 368 of 1978).
d. Dental: Under the direction of a dentist.
e. Podiatric: Provided or arranged for under the direction of a physician.
f. Ophthalmologic: Provided or arranged for under the direction of an ophthalmologist.
g. Health counseling.
h. Shopping assistance/escort.

7. Each program shall establish written procedures (reviewed and approved by a consulting Pharmacist, Physician, or Registered Nurse) that govern the assistance given by staff to participants taking their own medications while participating in the program. The policies and procedures must minimally address:

   a. Written consent from the participant or participant's representative, to assist in taking medications.
   b. Verification of the participant's medication regiment, including the prescriptions and dosages.
   c. The training and authority of staff to assist participants with taking their own prescribed or non-prescription medications and under what conditions such assistance may take place.
   d. Procedures for medication set up.
   e. Secure storage of medications belonging to and brought in by participants.
   f. Disposal of unused medications for participants that no longer participate in the program.
   g. Instructions for entering medication information in participant files, including times and frequency of assistance.

8. Each provider shall employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional. The provider shall continually provide support staff at a ratio of no less than one staff person for every ten participants. The provider may only provide health support services under the supervision of a registered nurse. If the program acquires either required or optional services from other individuals or organizations, the provider shall maintain a written agreement that clearly specifies the terms of the arrangement between the provider and other individual or organization.

9. The provider shall require staff to participate in orientation training as specified in the General Operating Standards for Waiver Agents and Contracted Direct Service Providers. Additionally, program staff shall have basic first-aid training.

   The provider shall require staff to attend in-service training at least twice each year. The provider shall design this training specifically to increase their knowledge and understanding of the program and participants, and to improve their skills at tasks performed in the provision of service. The provider shall maintain records that identify the dates of training, topics covered, and persons attending.

10. If the provider operates its own vehicles for transporting participants to and from the program site, the provider shall meet the following transportation minimum standards:

a. The Secretary of State shall appropriately license all drivers and vehicles and all vehicles shall be appropriately insured.
b. All paid drivers shall be physically capable and willing to assist persons requiring help to get in and out of vehicles. The provider shall make such assistance available unless expressly prohibited by either a labor contract or an insurance policy.
c. All paid drivers shall be trained to cope with medical emergencies unless expressly prohibited by a labor contract.
d. Each program shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

11. Each provider shall have first-aid supplies available at the program site. The provider shall make a staff person knowledgeable in first-aid procedures, including CPR, present at all times when participants are at the program site.

12. Each provider shall post procedures to follow in emergencies (fire, severe weather, etc.) in each room of the program site. Providers shall conduct practice drills of emergency procedures once every six months. The program shall maintain a record of all practice drills.

13. Each day care center shall have the following furnishings:

a. At least one straight back or sturdy folding chair for each participant and staff person.
b. Lounge chairs and/or day beds as needed for naps and rest periods.
c. Storage space for participants' personal belongings.
d. Tables for both ambulatory and non-ambulatory participants.
e. A telephone accessible to all participants.
f. Special equipment as needed to assist persons with disabilities.

The provider shall maintain all equipment and furnishings used during program activities or by program participants in safe and functional condition.

14. Each day care center shall document that it is in compliance with:

a. Barrier-free design specification of Michigan and local building codes.
b. Fire safety standards.
c. Applicable Michigan and local public health codes.

NAME	Chore Services
DEFINITION	Services needed to maintain the home in a clean, sanitary, and safe environment. This service includes heavy household chores such as washing floors, windows, and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress inside the home. This service also includes yard maintenance (mowing, raking and clearing hazardous debris such as fallen branches and trees) and snow plowing to provide safe access and egress outside of the home. These services are provided only in cases when neither the participant, nor anyone else in the household, is capable of performing or financially providing for them and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.
HCPCS CODES	**S5120**, Chore services; per 15 minutes **S5121**, Chore services; per diem
UNITS	S5120 = 15 minutes S5121 = Per diem
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Waiver funds used to pay for chore services may include materials and disposable supplies used to complete the chore tasks.

3. The waiver agent may use waiver funds to purchase or rent the equipment or tools used to perform chore tasks for waiver participants.

4. Only properly licensed suppliers may provide pest control services.

5. Each waiver agent must develop working relationships with the Home Repair and Weatherization service providers, as available, in their program area to ensure effective coordination of efforts.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Providers must have previous relevant experience and/or training for the tasks specified and authorized in the plan of care.

3. The waiver agent must deem the chosen provider capable of performing the required tasks.

NAME	Community Living Supports
DEFINITION	Community Living Supports facilitate an individual's independence and promote reasonable participation in the community. Community Living Supports can be provided in the participant's residence or in community settings as necessary in order to meet support and services needs sufficient to address nursing facility level of care needs.
HCPCS CODES	**H2015**, Comprehensive community support services, per 15 minutes
UNITS	15 minutes
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Community Living Supports (CLS) include:

    a. Assisting, reminding, cueing, observing, guiding and/or training in the following activities:
        i. Meal preparation
        ii. Laundry
        iii. Routine, seasonal, and heavy household care and maintenance
        iv. Activities of daily living such as bathing, eating, dressing, and personal hygiene
        v. Shopping for food and other necessities of daily living

    b. Assistance, support, and/or guidance with such activities as:
        i. Money management
        ii. Non-medical care (not requiring nursing or physician intervention)
        iii. Social participation, relationship maintenance, and building community connections to reduce personal isolation
        iv. Transportation (excluding to and from medical appointments) from the participant's residence to community activities, among community activities, and from the community activities back to the participant's residence
        v. Participation in regular community activities incidental to meeting the individual's community living preferences
        vi. Attendance at medical appointments
        vii. Acquiring or procuring goods and services necessary for home and community living

    c. Reminding, cueing, observing, and/or monitoring of medication administration

    d. Staff assistance with preserving the health and safety of the individual in order that he/she may reside and be supported in the most integrated independent community setting.

3. When transportation incidental to the provision of CLS is included, it shall not also be authorized as a separate waiver service for the participant. Transportation to medical appointments is covered by Medicaid through the Department of Human Services.

4. CLS does not include the cost associated with room and board.

5. Waiver agents authorize this service when necessary to prevent the institutionalization of the participant served.

6. Waiver agents cannot provide CLS in circumstances where the service duplicates services available under the state plan, through the MI Choice waiver, or elsewhere. When more than one service is included in the participant's plan of care, the waiver agent must clearly distinguish services by unique hours and units approved.

7. Individuals providing CLS must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions.

8. Members of a participant's family may provide CLS to the participant. However, waiver agents shall not directly authorize MI Choice funds to pay for services furnished to a participant by that person's spouse.

9. Family members who provide CLS must meet the same standards as providers who are unrelated to the individual.

10. The waiver agent and/or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served.

11. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

12. When the CLS services provided to the participant include tasks specified in 2a.iv, 2b.ii, 2c and 2d above, the direct service providers furnishing CLS must also:

    a. Be supervised by a registered nurse licensed to practice nursing in the State. At the State's discretion, other qualified individuals may supervise CLS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing CLS services.

    b. Develop in-service training plans and assure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to MI Choice participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food handling procedures.

c. Provide an RN to individually train and supervise CLS workers who perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.

d. Be trained in first aid and cardio-pulmonary resuscitation.

e. MDCH strongly recommends each worker delivering CLS services complete a certified nursing assistance training course.

13. Each direct service provider who chooses to allow staff to assist participants with self-medication, as described in 2.c above, shall establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:

    a. The provider staff authorized to assist participants with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
    b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
    c. Instructions for entering medication information in participant files.
    d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family of the provider's procedures and responsibilities regarding assisted self administration of medications.

14. When the CLS services provided to the participant include transportation described in 2.b.iv and 3 above, the following standards apply:

    a. Waiver agents may not use waiver funds to purchase or lease vehicles for providing transportation services to waiver participants.
    b. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The provider must cover all vehicles used with liability insurance.
    c. All paid drivers for transportation providers supported entirely or in part by MI Choice funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.
    d. The provider shall train all paid drivers for transportation programs supported entirely or in part by MI Choice funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.
    e. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

Minimum Standards for Self-Determined Service Delivery

1. When authorizing Community Living Supports for participants choosing the self-determination option, waiver agents must comply with items 2, 3, 4, 5, and 6 of the Minimum Standards for Traditional Service Delivery specified above.

2. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

3. Each chosen provider furnishing transportation as a component of this service must have a valid Michigan driver's license.

4. When the CLS services provided to the participant include tasks specified in 2.a.i, 2.a.ii, 2.a.iii, 2.a.v, 2.b.i, 2.b.iii, 2.b.v, 2.b.vi, 2.b.vii, or 2.d above, the individual furnishing CLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

5. When the CLS services provided to the participant include tasks specified in 2a.iv, 2b.ii, 2c, and 2d above, the individual furnishing CLS must also be trained in cardiopulmonary resuscitation. This training may be waived when the provider is furnishing services to a participant who has a "Do Not Resuscitate" order.

NAME	Counseling Services
DEFINITION	Professional level counseling services seek to improve the individual's emotional and social well-being through the resolution of personal problems and/or change in an individual's social situation.
CPT CODE	**99510**, Home visit for individual, family, or marriage counseling
UNITS	One visit, regardless of duration.
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Waiver agents shall only authorize counseling services for participants within one of the following groups:

    a. Individuals who are experiencing emotional distress or a diminished ability to function; or
    b. Adults, children, spouses, or other responsible relatives (e.g. sibling, niece, or nephew) who are appropriate for family counseling to resolve the problems of the waiver participant.

3. Services provided must not duplicate services available under Medicare, Medicaid State plan, or other third party resources.

4. Providers receiving waiver funds for counseling services must provide the following service components, at a minimum:

    a. Psychosocial evaluation to determine appropriateness of therapy options.
    b. Treatment plan that states goals and objectives, and projects the frequency and duration of service.
    c. Individual, family, and/or group counseling sessions.
    d. Home visits and on-site counseling.
    e. Case conferencing with a waiver care manager at least once every six weeks with participant's release.

5. Persons providing counseling services must have:

    a. A master's degree in social work, psychology, psychiatric nursing, or counseling or
    b. A bachelor's degree in one of the above areas and be under the supervision of a mental health professional with a master's degree.
    c. Be licensed in the State of Michigan to provide counseling under MCL 333.172, MCL 333.181, MCL 333.182, or MCL 333.1723.

6. Each waiver agent will verify the licensure of each prospective counselor.

7. Counselors must maintain ongoing case files for each participant, recording the needs assessed, a treatment plan, and the progress achieved at each session.

NAME	Environmental Accessibility Adaptations
DEFINITION	Those physical adaptations to the home, required by the participant's service plan, that are necessary to ensure the health and welfare of the participant or that enables the participant to function with greater independence in the home, without which, the participant would require institutionalization. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home that are not of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation. All services shall be provided in accordance with applicable State or local building codes.
HCPCS CODE	**S5165**, Home modifications, per service
UNITS	One modification or adaptation
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. All providers of environmental accessibility adaptations must meet the licensure requirements as outlined in MCL 339.601(1), MCL 339.601.2401, and/or MCL 339.601.2404(3), as appropriate.

2. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section B of the "General Operating Standards for MI Choice Waiver Providers."

3. The waiver agent may not approve environmental accessibility adaptations for rental property without close examination of the rental agreement and the landlord's responsibility (including both legal and monetary) to furnish such adaptations.

4. The waiver agent shall obtain a written agreement with the participant residing in each domicile to be modified that includes, at a minimum:

    a. A statement that the domicile is occupied by and is the permanent residence of the participant.
    b. A description of the planned modifications.

5. Before approving MI Choice payment for each modification or adaptation, each waiver agent shall determine whether a participant is eligible to receive services through a program supported by other funding sources. If it appears that another resource can serve the participant, the waiver agent shall make an appropriate referral.

6. Each waiver agent shall develop working relationships with the weatherization, chore, and housing assistance service providers, as available in the program area to ensure effective coordination of efforts.

7. Under the environmental accessibility adaptation service, waiver agents may use MI Choice funds for labor costs and to purchase materials used to complete the modifications to prevent or remedy a sub-standard condition or safety hazard. The direct service provider shall provide equipment or tools needed to perform modifications or adaptations, unless another source can provide the tools or equipment at a lower cost or free of charge and the provider agrees to use such equipment or tools. The waiver agent may purchase supplies for the modification or adaptation, such as grab bars, lumber, or plumbing supplies, and provide them to the direct service provider at their discretion.

8. The waiver agent shall document approval of all environmental accessibility adaptations in the participant's record. This documentation shall minimally include dates, tasks performed, materials used, and cost.

9. The direct service provider shall check each domicile for compliance with local building codes. The waiver agent may not approve repairs, modifications, or adaptations to a condemned structure.

10. Within fourteen calendar days or ten working days of completion, each waiver agent shall utilize a job completion procedure which includes, at a minimum:

    a. Verification that the work is complete and correct.
    b. Verification by a local building inspector(s) that the work satisfies building codes (as appropriate).
    c. Acknowledgement by the participant that the work is acceptable.

Minimum Standards for Self-Determined Service Delivery

1. When authorizing Environmental Accessibility Adaptations for participants choosing the self-determination option, waiver agents must comply with items 1, 3, 4, 5, 6, 7, 8, 9, and 10 of the Minimum Standards for Traditional Service Delivery specified above.

2. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers," except item 4.c regarding universal precautions and blood-born pathogens.

NAME	Fiscal Intermediary Services
DEFINITION	Service that assists the adult participant, or a representative identified in the participant's plan of care to prevent institutionalization by living independently in the community while controlling his/her individual budget and choosing the staff to work with him/her. The Fiscal Intermediary helps the individual to manage and distribute funds contained in the individual budget. The participant uses funds to purchase waiver goods and services authorized in the individual plan of services. Fiscal Intermediary services include, but are not limited to, the facilitation of the employment of service workers by the individual, including federal, state, and local tax withholding/payments, unemployment compensation fees, wage settlements; fiscal accounting; tracking and monitoring participant-directed budget expenditures and identify potential over and under expenditures; assuring compliance with documentation requirements related to management of public funds. The Fiscal Intermediary may also perform other supportive functions that enable the participant to self-direct needed services and supports. These functions may include verification of provider qualification, including reference and background checks and assisting the participant to understand billing and documentation requirements. The Fiscal Intermediary may also provide services that assist the participant to meet the need for services defined in the plan of care while controlling an individual budget and choosing staff authorized by the waiver agent. The fiscal intermediary helps the individual manage and distribute funds contained in the individual budget.
HCPCS CODE	**T2025**, Waiver Services, not otherwise specified.
UNITS	As specified in the contract between the Fiscal Intermediary and the waiver agent, usually a monthly or bi-weekly fee.
SERVICE DELIVERY OPTIONS	☐ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Self-Determined Service Delivery

1. Each Fiscal Intermediary (FI) agency must satisfactorily pass a readiness review conducted by a waiver agent, as specified in Attachment N of the MI Choice contract and meet all criteria sanctioned by the state.

2. Each FI must be bonded and insured. The insured amount must exceed the total budgetary amount the FI is responsible for administering.

3. Each FI must demonstrate the ability to manage budgets and perform all functions of the FI including all activities related to employment taxation, worker's compensation, and state, local, and federal regulations.

4. Providers of other covered services to the participant, family, or guardians of the participant may not provide FI services to the participant.

5. Each FI will provide four basic areas of performance:

a. Function as the employer agent for participants directly employing workers to assure compliance with payroll tax and insurance requirements;
b. Ensure compliance with requirements related to management of public funds, the direct employment of workers by participants, and contracting for other authorized goods and services;
c. Facilitate successful implementation of the self-determination arrangements by monitoring the use of the budget and providing monthly budget status reports to each participant and waiver agent; and
d. Offer supportive services to enable participants to self-determine and direct the services and supports they need.

6. The waiver agent and FI shall abide by the principles set forth in the Self-Determination Technical Advisory "Choice Voucher System" available at:

   http://www.cashandcounseling.org/resources/20071109-111444/AdvisoryManual.pdf

NAME	Goods and Services
DEFINITION	Goods and services are services, equipment, or supplies not otherwise available through the MI Choice waiver or the Medicaid State Plan that address an identified need in the individual plan of care, including improving and maintaining the participant's opportunities for full membership in the community.
HCPCS CODE	**T5999**, Supply, not otherwise specified.
UNITS	One item
SERVICE DELIVERY OPTIONS	☐ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Each item specified in the plan of care as Goods and Services must meet the following requirements:

    a. The item or service would decrease the need for other Medicaid services; and/or
    b. Promote inclusion in the community; and/or
    c. Increase the participant's safety in the home environment; and,
    d. The participant does not have the funds to purchase the item or service or the item or service is not available through another source.

3. The service or item must be designed to meet the participant's functional, medical, or social needs and advance the desired outcomes in the participant's individual plan of care.

4. Federal or State Medicaid or other statues and regulations, including the State's Procurement Requirement, do not prohibit the services or items authorized for purchase.

5. Self-directed Goods and Services are purchased from the participant-directed budget.

6. This service excludes experimental or prohibited treatments.

NAME	Home Delivered Meals
DEFINITION	Home delivered meals (HDM) is the provision of at least one nutritionally sound meal per day to persons who are dependent, aged, or physically disabled and unable to care for their nutritional needs. The unit of service is one meal delivered to the participant's home or to the participant's selected congregate meal site that provides a minimum of one-third of the current recommended dietary allowance (RDA) for the age group as established by the Food and Nutritional Board of the National Research Counsel of the National Academy of Sciences. Allowances shall be made in HDMs for specialized or therapeutic diets, as indicated in the plan of care. A Home delivered meals shall not constitute a full nutritional regimen.
HCPCS CODE	**S5170**, Home delivered meals, including preparation, per meal.
UNITS	One delivered meal
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

The standards identified below apply only to person for whom the MI Choice waiver program is purchasing home delivered meals. Waiver agents authorize MI Choice payment of meals for their participants.

1. Each direct service provider must have written polices and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Each waiver agent must have written eligibility criteria for persons receiving home delivered meals through the waiver program which include, at a minimum:

    a. The participant must be unable to obtain food or prepare complete meals.
    b. The participant does not have an adult living at the same residence or in the vicinity that is able and willing to prepare all meals.
    c. The participant does not have a paid caregiver that is able and willing to prepare meals for the participant.
    d. The provider can appropriately meet the participant's special dietary needs and the meals available would not jeopardize the health of the individual.
    e. The participant must be able to feed himself/herself.
    f. The participant must agree to be home when meals are delivered, or contact the program when absence is unavoidable.

3. Federal regulations prohibit the MI Choice program from providing three meals per day to waiver participants. Providers shall vary the level of meal service for an individual in response to varying availability of help from allies and formal caregivers, and changes in the participant's status or condition. When MI Choice provides home delivered meals less than seven days per week, the waiver agent shall identify and/or document in the case record, the usual source of all meals for the participant that are not provided by the program.

4. Each home delivered meals provider shall have the capacity to provide three meals per day, which together meet the Dietary Reference Intakes (DRI) and recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Each provider shall have meals available at least five days per week.

5. The program may offer liquid meals to participants when ordered by a physician. The regional dietitian must approve all liquid meal products used by the provider. The provider or care manager shall provide instruction to the participant, and/or the participant's caregiver and participant's family in the proper care and handling of liquid meals. The waiver agent and provider must meet the following requirements when liquid meals are the sole source of nutrition:

    a. Diet orders shall include participant weight and specify the required nutritional content of the liquid meals.
    b. The care manager must ensure the participant's physician renews the diet orders every three months, and
    c. The MI Choice RN care manager and participant must develop the plan of care for participant receiving liquid meals in consultation with the participant's physician.

6. The provider may supply liquid nutritional supplements ordered by a care manager where feasible and appropriate. When liquid nutrition supplements a participant's diet, the care manager must ensure the physician renews the order for liquid nutritional supplements every six months. However, liquid nutritional supplements are classified as a specialized medical supply for purposes of the MI Choice program and shall be billed accordingly.

7. The provider may furnish frozen meals when feasible and appropriate. When furnishing frozen meals, the following standards must be met:

    a. The care manager or provider shall verify and maintain records that indicate each participant receiving frozen meals has and maintains the ability to properly store and handle frozen meals.
    b. The provider may only provide frozen meals in situations where it is not logistically feasible to provide the participant with a hot meal, with the exception of holidays, weekends, or emergencies.
    c. Providers shall not furnish more than a two-week supply of frozen meals to a participant during one home delivery visit.

8. Each provider shall develop and have available written plans for continuing services in emergency situations such as short term natural disasters (e.g., snow and/or ice storms), loss of power, physical plant malfunctions, etc. The provider shall train staff and volunteers on procedures to follow in the event of severe weather or natural disasters and the county emergency plan.

General Requirements:

1. Providers may present hot, cold, frozen or shelf-stable meals that conform to the following meal pattern:

Meal Requirements	Servings per meal	Notations
Bread or Bread Alternate	2 servings of bread, rice, pasta, or cereal. A starchy vegetable may replace one bread serving.	Encourage whole grains.
Vegetable	2 servings: 1 serving = ½ cup or equivalent measure	Fresh, frozen, or canned and prepared without added sodium. Focus on deep colored and dark green leafy vegetables. Cooked dried beans or peas are a good fiber source.
Fruit	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable)	Fresh, frozen, canned, or dried. Deep colored fruits and good sources of Vitamin C are encouraged daily.
Milk or Milk Alternate	1 serving: 1 cup or equivalent measure	Encourage low-fat or skim milk, buttermilk, yogurt or cottage cheese.
Meat or Meat Alternate	1 serving: 2-3 oz or equivalent measure	Encourage lean and low-fat meats and cheeses. Dried beans and peas are a good choice. Peanut butter, cottage cheese, tofu, and eggs also qualify.
Fats	1 serving: 1 teaspoon or equivalent measure	Select choices that are good sources of mono-and poly-unsaturated fats. Limit total fat to no more than 30% of total daily calories. Each week's meals shall contain no more than 25 grams average total fat.
Dessert	Optional	Choose nutrient dense desserts such as fruits, whole grain quick breads, puddings with limited fats and sugars. Limit high calorie desserts such as pies, cakes, cookies etc.
Sodium	No more than 1200 mg per meal average weekly total.	Select and prepare foods with less salt or sodium and use salt-free seasonings.
Fiber	3 choices out of a 5 day week high fiber	Choose whole grains, fruits and vegetables

2. In addition to the meal pattern above, servings shall conform to the following:

Bread or Bread Alternate

- 1 small 2 ounce muffin
- 2" cube cornbread
- 1 biscuit, 2.5" diameter
- 1 waffle, 7" diameter
- 1 slice French toast
- ½ English muffin
- 1 tortilla, 6" diameter
- 2 pancakes, 4" diameter

- ½ bagel
- 1 small sandwich bun
- ½ cup cooked cereal, grits, barley, bulgur or masa
- 4-6 crackers
- ½ large sandwich bun
- ¾ cup ready to eat cereal
- ¼ cup granola
- 2 graham cracker squares
- ½ cup bread dressing or stuffing
- ½ cup pasta, noodles, rice

A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended.

Vegetables

- A serving of vegetable (including dried beans, peas, and lentils) is generally ½ cup cooked or raw vegetable; ¾ cup 100% vegetable juice; or, 1 cup raw leafy vegetable. For pre-packed 100% vegetable juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.
- Fresh or frozen vegetables are preferred. Canned vegetables are acceptable but may be high in sodium.
- Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total ½ cup per serving.
- Starchy vegetables, such as potatoes, sweet potatoes, corn, yams, or plantains, may replace one of the two bread servings.

Fruits

- A serving of fruit is generally a medium apple, banana, orange, or pear; ½ cup chopped, cooked, or canned fruit; or ¾ cup 100% fruit juice. For pre-packed 100% fruit juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.
- Fresh, frozen, or canned fruit should be preferably packed in juice, light syrup or without sugar.

Milk or Milk Alternates

- One cup low-fat, skim, whole, buttermilk, low-fat chocolate, or lactose-free milk fortified with Vitamins A and D should be used. Low fat or skim milk is recommended for the general population. Powdered dry milk (1/3 cup) or evaporated milk (1/2 cup) may be served as part of a home delivered meal.
- Milk alternates for the equivalent of one cup of milk include:
    - 1 cup yogurt
    - 1 ½ cups cottage cheese
    - 8 ounces tofu (processed with calcium salt)
    - 8 ounces calcium fortified soy milk
    - 1+½ ounces natural or 2 ounces processed cheese

Meat or Meat Alternates

- Two to three ounces of cooked meat or meat alternate should generally be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating.

  The following are equivalent to 1 ounce of meat
  - 1 large egg
  - 1 ounce cheese (nutritionally equivalent measure of pasteurized process cheese, cheese food, cheese spread, or other cheese product). It is best to choose low-fat cheese such as mozzarella, feta, ricotta, etc.
  - ½ cup cooked dried beans, peas or lentils (separate from vegetable serving)
  - 2 tablespoons peanut butter or 1/3 cup nuts
  - ¼ cup cottage cheese
  - ½ cup or 4 ounces tofu
  - ¼ cup tempeh

- A one ounce serving or equivalent portion of meat, poultry, or fish may be served in combination with other high protein foods.
- Except to meet cultural and/or religious preferences and for emergency meals, avoid serving dried beans, peas, lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days.
- Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.
- To limit the sodium content of the meals, serve cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, dried beef) no more than once a week.

Accompaniments

Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, and garnishes. Examples include: mustard and/or mayonnaise with a meat sandwich; tartar sauce with fish; salad dressing with tossed salad; margarine with bread or rolls. Whenever feasible, provide reduced fat alternatives. Minimize use of fat in food preparation. Fats should be primarily from vegetable sources and in a liquid or soft (spreadable) form that are lower in hydrogenated fat, saturated fat, and cholesterol.

Desserts

Serving a dessert is optional. Healthier desserts generally include fruit, low-fat puddings, whole grains, low-fat products, and limited sugar items such as quick breads (banana or pumpkin bread). Fresh, frozen, or canned fruits packed in their own juice are encouraged as a dessert item in addition to the serving of fruit provided as part of the meal.

Beverages

Fluid intake should be encouraged, as dehydration is a common problem in older adults. It is a good practice to have drinking water available.

Vegetarian Meals

Vegetarian meals can be served and should follow the principle of complementary proteins, where proteins from plant sources (legumes such as cooked dried beans and peas) are combined with grains (rice, breads, pasta) at the same meal. Vegetarian meals are a good opportunity to provide variety to menus and highlight the many ethnic food traditions found in Michigan.

Breakfast Meals

A breakfast meal may contain three fruit servings and no vegetable as an option to the required meal plan.

3. Each provider shall utilize a menu development process that prioritizes healthy choices and creativity and minimally includes:

    a. Use of written, standardized recipes.
    b. Consultation with the regional dietitian during the menu development process and use of cycle menus for cost containment and/or convenience are encouraged, but not required.
    c. Provision for review and approval of all menus by the regional dietitian who must be a registered dietitian, or an individual who is dietitian-registration eligible.
    d. The provision of information on the nutrition content of menus upon request.
    e. The provision, where feasible and appropriate, of modified diet menus that considers participant choice, health, religious and ethnic diet preferences.
    f. A record of the menu actually served each day. The provider shall maintain this record for each fiscal year's operation.
    g. Written procedures for revising menus after approval.

4. The provider must operate according to current provisions of the Michigan Food Code. Local Health Departments establish minimum food safety standards. Each provider must keep copy of the Michigan Food Code available for reference. MDCH encourages providers to monitor food safety alerts.

    Each provider that operates a kitchen for food production, shall have at least one key staff person (manager, cook or lead food handler) complete a Food Service Manager Certification Training Program approved by the Michigan Department of Agriculture. MDCH prefers, but does not require a trained and certified staff member at satellite serving and packing sites.

    The provider shall feasibly minimize the time between the end of preparation of food and home delivery to the participant. The provider shall prepare, hold, and serve food at safe temperatures. The provider shall develop in conjunction with the respective local Health Department acceptable documentation requirements for food safety procedures.

    The participant is responsible for the safety of food after it has been served or when it has been removed from the meal site.

    The provider must use foodstuff from commercial sources that comply with the Michigan Food Code. Unacceptable items include: home canned or preserved foods; foods cooked or prepared in an individual's home kitchen; meat from any animal not killed by a licensed facility; any wild game taken by hunters; fresh or frozen fish donated by sport fishers; raw seafood or eggs; and, any un-pasteurized products (i.e., dairy, juices and honey).

The provider may use contributed foodstuff only when they meet the same standards of quality, sanitation, and safety as apply to food stuffs purchased from commercial sources. Acceptable contributed foodstuffs include fresh fruits and vegetables, and wild game from a licensed farm processed within two hours of killing by a licensed processor.

5. Each provider shall use standardized portion control procedures to ensure that each meal served is uniform and satisfies meal pattern requirements. The provider may alter standard portions at the request of a participant for less than the standard serving of an item or if a participant refuses an item. The provider shall not serve less than standard portions to "stretch" available food to serve additional persons.

6. Each provider shall implement procedures designed to minimize waste of food (leftovers/uneaten meals).

7. Each provider shall use an adequate food cost and inventory system at each food preparation facility. The provider shall base the inventory control on the first-in/first-out (FIFO) method and conform to generally-accepted accounting principles. The system shall have the ability to provide daily food costs, inventory control records, and monthly compilation of daily food costs. Each provider have the ability to calculate the component costs of each meal provided according to the following categories:

   a. Raw Food — All costs of acquiring foodstuff to be used in the program.
   b. Labor — Food Service Operations: all expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving, and cleaning of meal sites, equipment and kitchens;
      Project Manager: all expenses for salary wages for persons involved in project management.
   c. Equipment — All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than $5,000.
   d. Supplies — All expenditures for items with a useful life of less than one year and an acquisition cost of less than $5,000.
   e. Utilities — All expenditures for gas, electricity, water, sewer, waste disposal, etc.
   f. Other — Expenditures for all other items that do not belong in any of the above categories (e.g. rent, insurance, fuel etc.) to be identified and itemized.

   If a provider operates more than one meal/feeding program (congregate, HDM, waiver, catering, etc.), the provider shall accurately distribute costs among the respective meal programs. The provider shall only charge costs directly related to a specific program to that program

8. Each provider shall provide or arrange for monthly nutrition education appropriate to home delivered meals participants. Topics shall include, but are not limited to, food, nutrition,

wellness issues, consumerism, and health. The regional dietitian must approve all nutrition education materials and presenters.

9. MDCH encourages each meal provider to use volunteers, as feasible, in program operations.

10. Each provider shall develop and utilize a system for documenting meals served. Obtaining daily signatures of participants receiving meals is the most acceptable method of documenting meals. Other acceptable methods may include maintaining a daily or weekly route sheet signed by the driver which identifies the participant's name, address, and number of meals served to them each day.

11. Each provider shall carry product liability insurance sufficient to cover its operation.

12. Providers shall not solicit donations from waiver participants.

13. The waiver agent shall take steps to inform participants about local, State, and Federal food assistance programs and assist participants to obtain such benefits.

14. Providers shall not use waiver funds to purchase dietary supplements.

15. Staff and volunteers of each provider shall receive in-service training at least twice each fiscal year which is specifically designed to increase their knowledge and understanding of the program and to improve their skills at tasks preformed in the provision of service. The provider shall maintain records that identify the dates of training, topics covered, and persons attending.

NAME	Homemaker
DEFINITION	Services consisting of the performance of general household tasks, (e.g., meal preparation and routine household cleaning and maintenance) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and upkeep for him or herself or others in the home. This service also includes observing and reporting any change in the participant's condition and the home environment to the supports coordinator.
HCPCS CODE	**S5130**, Homemaker service, NOS per 15 minutes
UNITS	15 minutes
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers", and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Individuals employed as homemakers must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information. Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

3. Members of a participant's family may provide homemaking for the participant. However, waiver agents shall not authorize MI Choice funds to pay for services furnished to a participant by that person's spouse, or to pay for homemaking duties that do not directly benefit the waiver participant (i.e. cleaning rooms that the participant does not use.)

4. Family members who provide homemaking services must meet the same standards as providers who are unrelated to the individual.

5. Required bi-annual in-service training topics shall include, but are not limited to sanitation, household management, nutrition, and meal preparation.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

NAME	Non-Medical Transportation
DEFINITION	Services offered to enable waiver participants to gain access to waiver and other community services, activities and resources, specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's individual plan of service. Whenever possible, family, neighbors, friends, or community agencies, that can provide this service without charge is utilized.
HCPCS CODES	**A0130**, Non-Emergency Transportation; Wheelchair van; per trip **S0209**, Wheelchair van, mileage, per mile **S0215**, Non-Emergency Transportation, mileage, per mile **T2003**, Non-Emergency Transportation; encounter/trip **T2004**, Non-Emergency Transportation; commercial carrier, multi-pass
UNITS	A0130 = per mile S0209 = per mile S0215 = per mile T2003 = per encounter or trip T2004 = per pass
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section B of the "General Operating Standards for MI Choice Waiver Providers."

2. Waiver agents may use waiver funds to pay for the costs of non-medical transportation for waiver participants. Whenever possible, the waiver agent shall utilize family, neighbors, friends, or community agencies that can provide this service without charge.

3. Direct service providers shall be a centrally organized transportation company or agency. The provider may provide transportation utilizing any of the following methods:

    a. Demand/Response: Characterized by scheduling of small vehicles to provide door-to-door or curb-to-curb service on demand. The provider may include a passenger assistance component and either or both of the following variations:
        i. Route Deviation Variation: A normally fixed-route vehicle leaves the scheduled route upon request to pick up the participant.
        ii. Flexible Routing Variation: Providers constantly modify routes to accommodate service requests.

    b. Public Transit: Characterized by partial or full payment of the cost for a participant to use an available public transit system. (This can be either a fixed route or demand/response). The provider may include a passenger assistance component.

c. Volunteer: Characterized by reimbursement of out-of-pocket expenses for individuals who transport participants in their private vehicles. The provider may include a passenger assistance component.

d. Ambu-cab: Characterized by a wheelchair-equipped van to provide door-to-door service on demand. The provider shall include a passenger assistance component.

4. Waiver agents may not use waiver funds to purchase or lease vehicles for providing transportation services to waiver participants.

5. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The provider must cover all vehicles used with liability insurance.

6. All paid drivers for transportation providers supported entirely or in part by MI Choice funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.

7. The provider shall train all paid drivers for transportation programs supported entirely or in part by MI Choice funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.

8. Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

9. Each waiver agent and/or provider shall attempt to receive reimbursement from other funding sources, as appropriate and available before utilizing MI Choice funds for transportation services. Examples include the American Cancer Society, Veterans Administration, Department of Human Service, Department of Community Health, Medical Services Administration, United Way, Department of Transportation programs, etc.

10. Waiver agents shall not authorize MI Choice funds to reimburse caregivers (paid or informal) to run errands for participants when the participant does not accompany the driver in the vehicle. The purpose of the transportation service is to enable MI Choice participants to gain access to waiver and other community services, activities and resources.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the “General Operating Standards for MI Choice Waiver Service Providers.”

2. The Secretary of State must appropriately license and inspect all drivers and vehicles used for transportation supported all or in part by MI Choice funds. The provider must cover all vehicles used with no fault automobile insurance.

3. Each chosen provider for transportation services supported entirely or in part by MI Choice funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles.

4. Each chosen provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

NAME	Nursing Facility Transition (NFT)
DEFINITION	Nursing Facility Transition services are non-reoccurring expenses for persons transitioning from a nursing facility to another living arrangement in a private residence where the person is responsible for his or her own living arrangement.
HCPCS CODES	**T1023** Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter **T1028** Assessment of home, physical and family environment, to determine suitability to meet participant's medical needs **T2038** Community Transition, waiver; per service
UNITS	T1023 and T1028, per encounter T2038, per service
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Note: This service standard is applicable to the MI Choice program and nursing facility transition agents approved by MDCH to use special funding to perform nursing facility transitions.

Minimum Standards for Traditional Service Delivery

1. Waiver agents or direct service providers must minimally comply with the following:

    a. Have written policies and procedures compatible with the "General Operating Standards for Waiver agents and Contracted Direct Service Providers."
    b. Waiver agents furnishing services defined under HCPCS codes T1023, T1028, or coordination and support through HCPCS code T2038 must also minimally comply with Section A of the "General Operating Standards for MI Choice Waiver Providers."
    c. Waiver agents furnishing services defined under HCPCS code T2038 with the exception of coordination and support must minimally comply with Section B of the "General Operating Standards for MI Choice Waiver Providers."

2. Non-waiver transition agents must make the following assurances to MDCH:

    a. Transition agents shall utilize a person-centered planning process and knowledge of person-centered planning shall be evident throughout the delivery of services. This includes assessing the needs and desires of participants, developing service/support plans, and continuously updating and revising those plans, as the participant's needs change. Transition agents shall implement person-centered planning in accordance with the MDCH Person-Centered Planning Guideline.

    b. Each transition agent must have procedures to protect the confidentiality of information about participants or persons seeking services collected in the conduct of its responsibilities. The procedures must ensure that no information about a participant or person seeking services, or obtained from a participant or person seeking services by a service provider, is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal representative. However, disclosure may be

allowed by court order, or for program monitoring by authorized federal, state, or local agencies (which are also bound to protect the confidentiality of the participant information) so long as access is in conformity with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Transition agents and direct service providers shall maintain all participant information in controlled access files. This requirement applies to all protected information whether written, electronic, or oral.

c. Each transition agent utilizing volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers. Volunteers shall receive a written position description, orientation, training, and a yearly performance evaluation, if appropriate.

d. Each transition agent provider must keep all records related to or generated from the provision of nursing facility transition services to participants for not less than six years.

3. For nursing facility residents who successfully transition to the community **and** enroll in the MI Choice program, services provided while residing in the nursing facility are not complete until the first date of waiver eligibility. Therefore, for billing purposes, all nursing facility transition services provided before MI Choice enrollment will have a date of service equal to the first date of MI Choice enrollment. The MI Choice case record shall accurately reflect dates of service provision.

4. The transition agent shall bill the initial assessment of the nursing facility resident under HCPCS code T1023. The transition agent should use this HCPCS code only once per transition. The cost of this service includes supports and coordination provided during the initial assessment. HCPCS code T1023 is a per encounter code. When the transition agent submits claims for this code, the unit shall be one and the cost per unit shall equal the total cost.

5. The transition agent shall bill assessments of potential domiciles using HCPCS code T1028. The transition agent may use this code more than once per transition. The cost of this service includes supports and coordination provided by a transition agent or other health professional (i.e. physical therapist or occupational therapist) during the assessment of the potential domicile. HCPCS code T1028 is a per encounter code. Transition agents may not bill for additional support and coordination costs for the provision of T1028 services when the assigned supports coordinator furnishes the assessment of the domicile.

   When a waiver agent authorizes more than one potential home assessment for a MI Choice participant per transition, the claim units shall equal the number of assessments completed and the cost shall equal the total cost of all assessments.

6. The transition agent shall bill all other transition services using HCPCS code T2038 with the appropriate standard remark for each transition service. A listing of standard remarks is available from a MI Choice contract manager. When a transitioning participant requires a transition service that does not have an appropriate standard remark, the transition agent shall contact its contract manager for assistance. Waiver agents shall bill services under HCPCS code T2038 that are provided after the first date of MI Choice enrollment using the date of service delivery as the billed date of service.

7. When a transition agent anticipates that a nursing facility resident receiving NFT services will require MI Choice services in the community, the transition agent shall immediately contact the appropriate waiver agent to hold a MI Choice waiver slot in reserve for that resident. A waiver agent or entity under contract with a waiver agent shall perform all transitions from nursing facility to MI Choice.

8. When the transition agent does not anticipate that a nursing facility resident receiving NFT services will require MI Choice services in the community, the transition agent must notify MDCH for prior approval of funding.

9. Using a person-centered planning process, the transition agent must develop a transition plan that includes all projected transition costs, participant goals, and is based on individual needs. This transition plan becomes part of the participant's case record maintained by the transition agent and must minimally include the following elements:

    a. Nursing facility resident name.
    b. Nursing facility resident identifying information including Social Security Number and Medicaid Recipient ID number.
    c. Name and address of nursing facility in which the resident resides.
    d. Date of initial contact.
    e. Estimated date of transition to MI Choice and/or community.
    f. Needed or anticipated NFT services.
    g. A projected cost for each service and total cost of the transition plan.
    h. Participant goals and expected outcomes of community transition.

10. Using a *Nursing Facility Transition Notice* form, the transition agent must notify its MI Choice contract manager of persons it plans to transition from a nursing facility as soon as the transition agent identifies such persons. Notification shall minimally include elements (a) through (f) in requirement 10 above.

11. The transition agent shall notify MDCH of transition costs once the transition agent identifies such costs. Anytime the transition agent anticipates that a participant's transition plan costs will exceed $3,000, the transition agent must request an exception from MDCH.

12. All transition agents must notify MDCH of the participant's date of transition to the community, or reason for not completing the transition process with the participant using the appropriate forms.

13. For transitioned persons enrolling in MI Choice, the waiver agent shall notify its contract manager of the effective date of MI Choice enrollment for each transitioned participant. Waiver agents shall contact the contract manager immediately upon notification that such persons expired or otherwise did not enroll as a MI Choice participant. This notice will trigger special fund payments to the agent for NFT services rendered, to the extent that such funds are available.

14. When a nursing facility resident desires placement in the community outside of the Provider Service Area (PSA) of the transition agent in the same PSA as the nursing facility, the transition agent in the nursing facility PSA shall contact the preferred community PSA transition agent. Each transition agent shall coordinate efforts to assure a successful community transition for the nursing facility resident. If MI Choice enrollment is expected,

the community waiver agent must hold a slot for that resident and assure sufficient funding to absorb the cost of MI Choice services for the transitioned participant. Both transition agents may share the NFT service costs, as necessary, to the extent that the transition agents do not duplicate such costs.

15. For persons expected to enroll in MI Choice, when a transitioning participant requires a home modification (ramp, widened doorways, etc.) before the transition can take place, the waiver agent shall authorize only those modifications immediately necessary for community transition as NFT services. The waiver agent shall authorize all other needed modifications as Environmental Accessibility Adaptation services or Chore services, as appropriate.

16. The transition agent shall begin NFT services no more than six months before the expected date of discharge from the nursing facility. If the transition agent will not complete the transition process within six months of the initial assessment, the transition agent shall contact its contract manager and request an extension of the transition period.

17. For persons enrolling in the MI Choice program, the waiver agent shall complete all NFT services no later than 60 days after the transition to the community takes place.

18. Transition agents shall complete NFT services six months after the date of transition for persons not enrolling in the MI Choice program. Transition agents may request an extension of this time frame if the NFT participant has unique circumstances that require additional support and coordination efforts. MDCH will consider such extension requests upon receipt of the request.

19. CMS approved NFT services to begin January 1, 2005. Therefore, MDCH cannot approve NFT service claims for dates of service before January 1, 2005.

20. Transition agents must submit a complete and accurate “CMP Funded (Non-Waiver) Nursing Facility Transition Services Expenditure Report” for NFT service claims when transitioned persons do not enroll in the MI Choice program, or require goods and services that are not allowable expenses through the MI Choice program. Goods and services that are not allowable expenses through the MI Choice program include delinquent debt and rent. The transition agent must complete at least one report for each transitioned person upon completion of the transition process. The transition agent will not receive reimbursement for NFT services until the MI Choice contract manager receives a completed report that includes an original signature.

NAME	Personal Emergency Response System
DEFINITION	PERS is an electronic device that enables waiver participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. Installation, upkeep, and maintenance of devices/systems are also provided.
HCPCS CODES	**S5160**, Emergency response system; installation and testing **S5161**, Emergency response system; service fee, per month (excludes installation and testing)
UNITS	S5160, per installation S5161, per month
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. The Federal Communication Commission must approve the equipment used for the response system. The equipment must meet UL® safety standards 1637 specifications for Home Health Signaling Equipment.

3. The provider must staff the response center with trained personnel 24 hours per day, 365 days per year. The response center will provide accommodations for persons with limited English proficiency.

4. The response center must maintain the monitoring capacity to respond to all incoming emergency signals.

5. The response center must have the ability to accept multiple signals simultaneously. The response center must not disconnect calls for a return call or put in a first call, first serve basis.

6. The provider will furnish each responder with written instructions and provide training, as appropriate.

7. The provider will verify the responder and contact names for each participant on a semi-annual basis to assure current and continued participation.

8. The provider will assure at least monthly testing of each PERS unit to assure continued functioning.

9. The provider will furnish ongoing assistance, as necessary, to evaluate and adjust the PERS instrument or to instruct participants and caregivers in the use of the devices, as well as to provide performance checks.

10. The provider will maintain individual client records that include the following:

    a. Service order.
    b. Record of service delivery, including documentation of delivery and installation of equipment, participant/caregiver orientation, and monthly testing.
    c. List of emergency responders for each participant.
    d. A case log documenting participant and responder contacts.

11. Waiver agents may authorize PERS units for persons who do not live alone if both the waiver participant and the person with whom they reside would require extensive routine supervision without a PERS unit in the home. For example, if one or both spouses are waiver participants and both are frail and elderly, the waiver agent may authorize a PERS unit for the waiver participant(s).

NAME	Personal Care Waiver
DEFINITION	A range of assistance to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law. Personal Care includes assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the service furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care may be furnished outside the participant's home. The participant oversees and supervises individual providers on an on-going basis when participating in self-determination options.
HCPCS CODE	**T1019**, Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, IFC/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
UNITS	15 minutes
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Members of a participant's family may provide personal care to the participant. However, waiver agents shall not directly authorize MI Choice funds to pay for services furnished to a participant by that person's spouse.

3. Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

4. A registered nurse licensed to practice nursing in the State shall furnish supervision of personal care providers. At the State's discretion, other qualified individuals may supervise personal care providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing personal care services.

5. The waiver agent and/or provider agency must train each worker to properly perform each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can competently and confidently perform every task assigned for each participant served. MDCH strongly recommends each

worker delivering personal care services complete a certified nursing assistance training course.

6. Direct service providers must develop in-service training plans and assure all workers providing personal care services are confident and competent in the following areas before delivering personal care services to MI Choice participants: safety, body mechanics, and food preparation including safe and sanitary food handling procedures.

7. Personal care providers may perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each participant who requires such care. The supervising RN must assure each workers confidence and competence in the performance of each task required.

8. Each direct service provider who chooses to allow staff to assist participants with self-medication shall establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:

    a. The provider staff authorized to assist participants with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
    b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
    c. Instructions for entering medication information in participant files.
    d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family of the provider's procedures and responsibilities regarding assisted self administration of medications.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

2. Each chosen provider of Personal Care services must also be trained in cardiopulmonary resuscitation. This training may be waived when the provider is furnishing services to a participant who has a "Do Not Resuscitate" order.

NAME	Private Duty Nursing
DEFINITION	Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home. PDN for waiver participants 18-21 years old are provided by the Medicaid State plan. PDN services for participants older than 21 years are not available through the Medicaid State plan.
HCPCS CODE	**T1000**, Private duty/independent nursing service(s); Licensed, up to 15 minutes.* *Please use TD modifier to indicate an RN, and TE modifier to indicate an LPN
UNITS	Up to 15 minutes
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. All nurses providing private duty nursing to MI Choice participants must meet licensure requirements and practice the standards found under MCL 333.17201-17242, and maintain a current State of Michigan nursing license.

2. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

3. Through a person-centered planning process, the waiver agent shall determine the length and duration of services provided.

4. Services paid for with MI Choice funds shall not duplicate nor replace services available through the Michigan Medicaid state plan. Waiver agents and direct service providers can find state plan coverage online in the Medicaid Provider Manual at www.michigan.gov/mdch.

5. The waiver agent and/or direct service provider shall explore and utilize all other sources of funding before using MI Choice funds for PDN services.

6. The direct service provider shall maintain close contact with the authorizing waiver agent to promptly report changes in each participant's condition and/or treatment needs upon observation of such changes.

7. The waiver agent is required to obtain prior authorization from MDCH for PDN services provided to participants aged 18-21. Normally, the Medicaid state plan covers PDN services for participants in this age group.

8. This service may include medication administration as defined under MCL 333.1722.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

2. When authorizing Private Duty Nursing for participants choosing the self-determination option, waiver agents must comply with items 1, 3, 4, 5, 6, 7, and 8 of the Minimum Standards for Traditional Service Delivery specified above.

NAME	Residential Services, waiver
DEFINITION	Residential services include enhanced assistance with activities of daily living and supportive services. MI Choice participants who receive this service must reside in licensed homelike, non-institutional settings. These settings include continuous on-site response capability to meet scheduled or unpredictable resident needs and provide supervision, safety, and security. Third parties may only furnish this service with the approval of the participant, licensee, and waiver agent. Payment excludes room and board, items of comfort or convenience, and costs of facility maintenance, upkeep, and improvement.
HCPCS CODES	**T2032**, Residential care, not otherwise specified (NOS), waiver; per month **T2033**, Residential care, not otherwise specified (NOS), waiver; per diem
UNITS	T2032 - one unit per month T2033 - one unit per day
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers", and minimally, Section A of the "General Operating Standards for MI Choice Waiver Service Providers".

2. Residential Services (RS) include assistance with:

    a. Activities of daily living such as bathing, eating, dressing, and personal hygiene
        i. The services and supports provided under RS are in addition to and shall not replace usual and customary care furnished to residents in the licensed setting.
        ii. Documentation in the participant's record must clearly identify the participant's need for additional supports and services not covered by licensure.
        iii. The plan of care must clearly identify the portion of the participant's supports and services covered by RS.
    b. Homemaking tasks incidental to the provision of assistance with activities of daily living may also be included in RS, but shall not replace usual and customary homemaking tasks required by licensure.
    c. Non-medical care (not requiring nursing or physician intervention)
    d. Preserving the health and safety of the individual so that he/she may reside, receive services, and be supported in the most integrated and independent community setting.

3. RS excludes nursing and skilled therapy services.

4. RS does not include the costs associated with room and board.

5. Waiver agents authorize this service when necessary to prevent the institutionalization of the participant served and allow the participant to reside in the most independent setting of their choice.

6. Waiver agents cannot approve RS in circumstances where the service duplicates services available under the state plan, by licensure, or elsewhere. When more than one service is included in the participant's plan of care, the waiver agent must clearly distinguish services by unique hours and units approved.

7. Individuals providing RS must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions.

8. Members of a participant's family may provide RS to the participant. However, waiver agents shall not directly authorize MI Choice funds to pay for services furnished to a participant by that person's spouse.

9. Family members who provide RS must meet the same standards as providers who are unrelated to the individual.

10. The waiver agent, provider agency, and/or licensee must train each worker to perform properly each task required for each participant the worker serves before delivering the service to that participant. The supervisor must assure that each worker can perform every task assigned competently and confidently for each participant served.

11. When the RS provided to the participant include assistance with activities of daily living, the direct service providers furnishing RS must also:

    a. Be supervised by a registered nurse licensed to practice nursing in the State. At the State's discretion, other qualified individuals may supervise RS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing RS services.

    b. Develop in-service training plans and assure all workers providing RS are confident and competent in safety and body mechanics before delivering RS to MI Choice participants, as applicable to the needs of that participant.

    c. Provide an RN to individually train and supervise RS workers who perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must assure each worker's confidence and competence in the performance of each task required.

    d. Be trained in first aid and cardio-pulmonary resuscitation (CPR).

    e. MDCH strongly recommends each worker delivering RS complete a certified nursing assistance training course.

Minimum Standards for Self-Determined Service Delivery

1. When authorizing RS for participants choosing the self-determination option, waiver agents must comply with items 2 through 7 of the Minimum Standards for Traditional Service Delivery specified above.

2. Each chosen provider must minimally comply with Section C of the “General Operating Standards for MI Choice Waiver Service Providers”.

3. The individual furnishing RS must also be trained in CPR. This training may be waived when the provider is furnishing services to a participant who has a “Do Not Resuscitate” order.

NAME	Respite provided inside of the home
DEFINITION	Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Services are provided in the participant's home or a private place of residence.
HCPCS CODE	**S5150**, Unskilled respite care, not hospice, per 15 minutes **S5151**, Unskilled respite care, not hospice, per diem
UNITS	S5150 = 15 minutes S5151 = per diem
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Each waiver agent must establish and follow written eligibility criteria for in-home respite that include, at a minimum:

    a. Participants must require continual supervision to live in their own homes or the home of a primary caregiver, or require a substitute caregiver while their primary caregiver needs relief or is otherwise unavailable.
    b. Participants have difficulty performing or are unable to perform activities of daily living without assistance.

3. Respite services include:

    a. Attendant care (participant is not bed-bound) such as companionship, supervision, and/or assistance with toileting, eating, and ambulation.
    b. Basic care (participant may or may not be bed-bound) such as assistance with ADLs, a routine exercise regimen, and self-medication.
    c. Chore, homemaking, and personal care services. When provided as a form of respite care, these services must also meet the requirements of the respective service category.

4. The direct service provider must obtain a copy of appropriate portions of the assessment conducted by the waiver agent before initiating service. The assessment information must include a recommendation made by the assessing RN describing the respite care support services the participant needs. Each waiver agent or direct service provider shall ensure that the skills and training of the respite care worker assigned coincides with the condition and needs of the participant.

5. With the assistance of the participant and/or participant's caregiver, the waiver agent and/or direct service provider shall determine an emergency notification plan for each participant, pursuant to each visit.

6. Each direct service provider shall establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:

    a. The provider staff authorized to assist participants with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
    b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
    c. Instructions for entering medication information in participant files.
    d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family of the provider's procedures and responsibilities regarding assisted self administration of medications.

7. Each direct service provider shall employ a professionally qualified supervisor that is available to staff while staff provide respite care.

8. Members of a participant's family who are not the participant's regular caregiver may provide respite for the regular caregiver. However, waiver agents shall not authorize MI Choice funds to pay for services furnished to a participant by that person's spouse.

9. Family members who provide respite services must meet the same standards as providers who are unrelated to the individual.

10. The waiver agent shall not authorize respite care to relieve a caregiver that receives waiver funds to provide another service to the waiver participant. For example, if the waiver agent has authorized a niece to provide 30 hours per week of personal care to the participant and pays for this care with waiver funds, the waiver agent shall not also authorize additional hours of respite to relieve that niece of her caregiver duties. Rather, the waiver agent should decrease the niece's paid hours and authorize another caregiver to provide the needed care to the participant.

    This requirement may be waived if:

    a. The case record demonstrates that the participant has a medical need for services and supports in excess of the authorized amount of MI Choice services (i.e. in the example above the participant has a medical need for 50 hours per week of services); **and**
    b. The case record demonstrates that the paid caregiver furnishes unpaid services and supports to the participant (i.e. the niece is paid for 30 hours per week, but actually delivers 50 hours per week of services); **and**
    c. The paid caregiver is requesting respite for the services and supports not usually authorized through the MI Choice program (i.e. for all or part of the 20 hours of medically necessary, but unpaid services the niece regularly furnishes).

11. The waiver agent shall not authorize waiver funds to pay for respite care provided by the participant's usual caregiver.

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the “General Operating Standards for MI Choice Waiver Service Providers.”

2. When authorizing Respite services for participants choosing the self-determination option, waiver agents must comply with items 2, 3, 8, 9, 10, and 11 of the Minimum Standards for Traditional Service Delivery specified above.

3. When chore, homemaker, or personal care services are provided as a form of respite care, these services must also meet the requirements of the respective service category.

NAME	Respite provided in the home of another
DEFINITION	Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Services are provided in a private place of residence other than the participant's own home. The costs of room and board are not included in the provision of this service.
HCPCS CODE	**S5150**, Unskilled respite care, not hospice, per 15 minutes **S5151**, Unskilled respite care, not hospice, per diem
UNITS	S5150 = 15 minutes S5151 = per diem
SERVICE DELIVERY OPTIONS	☐ Traditional/Agency-Based ☑ Self-Determination

Minimum Standards for Self-Determined Service Delivery

1. Each chosen provider must minimally comply with Section C of the "General Operating Standards for MI Choice Waiver Service Providers."

2. When authorizing Respite services for participants choosing the self-determination option, waiver agents must comply with items 2, 3, 8, 9, 10, and 11 of the Minimum Standards for Traditional Service Delivery specified in the service standard for Respite provided inside the home.

3. When chore, homemaker, or personal care services are provided as a form of respite care, these services must also meet the requirements of the respective service category.

NAME	Respite provided outside of the home
DEFINITION	Services provided to participants unable to care for themselves furnished on a short-term basis because of the need for relief of the usual caregiver. Federal financial participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care may be provided in a Medicaid certified hospital or a licensed Adult Foster Care home
HCPCS CODE	**H0045**, Respite services not in the home, per diem
UNITS	H0045 = per day
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section B of the "General Operating Standards for MI Choice Waiver Providers."

2. Out of home respite providers must also adhere to the parts 5 and 6 of Section A of the "General Operating Standards for MI Choice Waiver Providers."

3. Each out of home respite service provider must be either a Medicaid certified hospital or a licensed group home as defined in MCL 400.701 ff, which includes adult foster care homes and homes for the aged.

4. Each waiver agent must establish and follow written eligibility criteria for out-of-home respite that include, at a minimum:

    a. Participants must require continual supervision to live in their own homes or the home of a primary caregiver, or require a substitute caregiver while their primary caregiver needs relief or is otherwise unavailable.
    b. Participants have difficulty performing or are unable to perform activities of daily living without assistance.

5. Respite services include:

    a. Attendant care (participant is not bed-bound) such as companionship, supervision and/or assistance with toileting, eating, and ambulation.
    b. Basic care (participant may or may not be bed-bound) such as assistance with ADLs, a routine exercise regimen, and self-medication.
    c. Chore, homemaking, and personal care services. When provided as a form of respite care, these services must also meet the requirements of the respective service category.

6. The direct service provider must obtain a copy of the assessment conducted by the waiver agent before initiating service. The assessment information must include a recommendation

made by the assessing RN describing the respite care support services the participant needs.

7. Each direct service provider shall demonstrate a working relationship with a hospital and/or other health care facility for the provision of emergency health care services, as needed. With the assistance of the participant and/or participant's caregiver, the waiver agent and/or direct service provider shall determine an emergency notification plan for each participant, pursuant to each visit.

8. Each direct service provider shall establish written procedures to govern the assistance given by staff to participants with self-medications. These procedures shall be reviewed by a consulting pharmacist, physician, or registered nurse and shall include, at a minimum:

    a. The provider staff authorized to assist participants in taking either prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the participant takes and its impact upon the participant.
    b. Verification of prescription medications and their dosages. The participant shall maintain all medications in their original, labeled containers.
    c. Instructions for entering medication information in participant files.
    d. A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant while at the facility and the provision for informing the participant and the participant's family of the program's procedures and responsibilities regarding assisted self administration of medications.

9. Each direct service provider shall employ a professionally qualified program director that directly supervises program staff.

10. For each participant, the waiver agent shall not authorize MI Choice waiver payment for more than 30 days of out of home respite service per calendar year.

NAME	Specialized Medical Equipment and Supplies
DEFINITION	Specialized medical equipment and supplies include devices, controls, or appliances, specified in the plan of care, that enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment and medical supplies not available under the Medicaid State plan that are necessary to address participant functional limitations. All items shall meet applicable standards of manufacture, design, and installation. Waiver funds are also used to cover the costs of maintenance and upkeep of equipment. The coverage includes training the participant or caregivers in the operation and/or maintenance of the equipment or the use of a supply when initially purchased.
HCPCS CODES	Please see list included in item #8 under minimum standards.
UNITS	Per item, unless otherwise specified.
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must enroll in Medicare and/or Medicaid as a Durable Medical Equipment provider, pharmacy, etc., as appropriate.

2. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section B of the "General Operating Standards for MI Choice Waiver Providers."

3. The waiver agent and/or direct service provider must pursue payment by Medicare, Medicaid state plan, or other entities, as applicable before the waiver agent authorizes MI Choice payment.

4. The waiver agent must document the medical or remedial benefit the equipment or supply provides to the participant in the participant's case record.

5. Where feasible, the waiver agent and/or direct service provider shall seek affirmation of the need for the item provided from the participant's physician.

6. The waiver agent may not authorize MI Choice payment for prescription medications not found on the Medicaid prescription drug formulary. If a participant requires a medication not found on the formulary, the waiver agent, participant, and/or pharmacy must seek prior authorization of payment through the state plan. Regardless of approval or denial of state plan prior authorization; MI Choice funds shall not pay for the medication.

7. The waiver agent shall not authorize MI Choice payment for herbal remedies and/or other over-the-counter medications for uses not authorized by the FDA.

8. The following HCPCS codes are approved for use under the Specialized Medical Equipment and Supplies service:

    a. **A4931**, Oral Thermometer, Reusable, any type, each
    b. **A4932**, Rectal Thermometer, Reusable, any type, each
    c. **A9300**, Exercise Equipment
    d. **B4100**, Food thickener, administered orally, per ounce
    e. **B4150/BO**, Enteral Formulae; Category 1; Semi-synthetic Intact Protein/Protein isolates, administered thru an enteral feeding tube, 100 calories=1unit
        i. The waiver agent must use the BO modifier to indicate oral administration. The state plan covers formulae for tube feeding.
        ii. This product may be in any form, liquid, solid, powder, bar, etc.
        iii. For cans of nutritional supplement, one can equals one unit.
        iv. For bars of nutritional supplement, one bar equals one unit.
    f. **E0160**, Sitz type bath or equipment, portable, used with or without commode
    g. **E0161**, Sitz type bath or equipment, portable, used with or without commode, with faucet attachment
    h. **E0210**, Electric heat pad, standard
    i. **E0215**, Electric heat pad, moist
    j. **E0241**, Bathtub wall rail, each
    k. **E0242**, Bathtub rail, floor base
    l. **E0243**, Toilet rail, each
    m. **E0244**, Raised toilet seat
    n. **E0245**, Tub stool or bench
    o. **E0315**, Bed accessory; board, table, or support device, any type
    p. **E0627**, Seat lift mechanism incorporated into a combination lift chair mechanism
    q. **E0628**, Separate seat lift mechanism for use with patient owned furniture, electric
    r. **E0629**, Separate seat lift mechanism for use with patient owned furniture, non-electric
    s. **E0745** Neuromuscular stimulator, electronic shock unit
    t. **E1300** Whirlpool, portable (overtub type)
    u. **E1310** Whirlpool, non-portable (built-in type)
    v. **E1639**, Scale, each
    w. **S5199**, Personal care item, NOS, each
        i. Use this code for items that the participant uses to perform ADLs or IADLs, or that assist the participant in the performance of ADLs or IADLs.
        ii. This category shall exclude items such as shampoo, soap, toothpaste, toothbrushes, dent-tips, shaving cream, and razors.
        iii. The waiver agent must include a description of this item in the appropriate loop for approval of a claim.
        iv. Standardized remarks are available.
    x. **T1999**, Misc. Therapeutic items & supplies, retail purchases, NOC, identify product in “remarks”
        i. Items in this category have a therapeutic use for the participant.
        ii. The waiver agent must include a description of this item in the appropriate loop for approval of a claim.

iii. Standardized remarks are available.

y. **T2028**, Specialized supply, NOS, waiver
   i. Items in this category include specialized supplies that the Medicaid state plan does not cover.
   ii. This may include items that do not meet the “medically necessary” standard for state plan coverage, or quantities above state plan coverage.
   iii. The waiver agent must include a description of this item in the appropriate loop for approval of a claim.
   iv. Standardized remarks are available.

z. **T2029**, Specialized medical equipment, NOS, waiver
   i. Items in this category include specialized equipment that the Medicaid state plan does not cover, or does not cover for adults.
   ii. This may include items that do not meet the “medically necessary” standard for state plan coverage.
   iii. The waiver agent must include a description of this item in the appropriate loop for approval of a claim.
   iv. Standardized remarks are available.

aa. **T2039**, Vehicle Modifications, waiver, per service

bb. **T4537**, Incontinence product, protective underpad, reusable, bed size, each

cc. **T4540**, Incontinence product, protective underpad, reusable, chair size, each

dd. **V5268**, Assistive listening device, telephone amplifier, any type

ee. **V5269**, Assistive listening device, alerting, any type

ff. **V5270**, Assistive listening device, television amplifier, any type

NAME	Training
DEFINITION	Training services are instruction provided to a waiver participant or caregiver in either a one-to-one situation or a group basis to teach a variety of independent living skills, including the use of specialized or adaptive equipment or medically-related procedures required to maintain the participant in a home or community-based setting. The training needs must be identified in the comprehensive assessment or in a professional evaluation and included in the plan of care as a required service. Training in the following areas will be covered: activities of daily living; adjustment to home or community living; adjustment to mobility impairment; adjustment to serious impairment; management of personal care needs; the development of skills to deal with service providers and attendants; effective use of adaptive equipment. For participants self-directing services, training may also include the training of independent supports brokers, developing and managing individual budgets, staff hiring and supervision or other areas related to self-direction.
HCPCS CODES	**S5110**, Home care training, family, per 15 minutes **S5115**, Home care training, non-family, per 15 minutes
UNITS	S5110 = 15 minutes S5115 = 15 minutes
SERVICE DELIVERY OPTIONS	☑ Traditional/Agency-Based ☐ Self-Determination

Minimum Standards for Traditional Service Delivery

1. Each direct service provider must have written policies and procedures compatible with the "General Operating Standards for Waiver Agents and Contracted Direct Service Providers," and minimally, Section A of the "General Operating Standards for MI Choice Waiver Providers."

2. Direct service providers must possess credentials required by Michigan laws or federal regulations, including:

   a. MCL 333.17801…333.17831 (physical therapist),
   b. MCL 333.18301…333.18311 (occupational therapist),
   c. MCL 333.18501…333.18518 (social worker), and/or
   d. MCL 333.17201…333.17242 (nursing)

3. The waiver agent must identify the training needs in the comprehensive assessment or in a professional evaluation, and include them in the plan of care. The waiver agent must provide a description of these needs to the direct service provider.

DEFINITION OF TERMS

100% State Funded Services: Services authorized for participants by waiver agents that are not eligible for FFP reimbursement.

CMP: Civil Monetary Penalty, monies collected by MDCH from nursing facilities found to be non-compliant with standards of practice.

CMS: The Centers for Medicare and Medicaid Services, a division of the Federal Health and Human Services Department.

Direct Service Provider: A business, agency, company, or other entity under subcontract with a Waiver Agent to provide MI Choice services to participants.

FFP: Federal Financial Participation, the federal government's share of approved Medicaid expenses.

MI Choice: Michigan's Home and Community-Based Services for the Elderly and Disabled (HCBS/ED) Medicaid waiver program.

MDCH: The Michigan Department of Community Health.

MMIS: The Medicaid Management Information System, the software MDCH uses to process claims for Medicaid reimbursement.

NFT: Nursing Facility Transition, the coordination and support and services offered to a nursing facility resident to transition that resident to the community, with or without the support of enrollment in the MI Choice program upon discharge from the facility.

OHCDS: Organized Health Care Delivery System, an agency that administers the MI Choice Waiver program for MDCH.

Participant: A person enrolled in the MI Choice program.

Person-Centered Planning: A highly individualized process designed to respond to the expressed needs/desires of the individual.

Plan of Care: An individualized, comprehensive document developed by participants and care managers using a person-centered approach that identifies each participant's strengths, weaknesses, needs, goals, outcomes, and planned interventions. This document includes all services provided to or needed by the participant, regardless of funding source.

PSA: Provider Service Area.

Service Plan: A list of the planned interventions (i.e. services) provided to a participant and paid for with MI Choice waiver funds.

Waiver Agent: An OHCDS under contract with MDCH to administer the MI Choice Waiver program in a specific PSA.