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Jan 6 '00 10:04

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MICHIGAN DEPARTMENT OF SOCIAL SERVICES

ITEM

363

PAGE

13

**SERVICES MANUAL**

PROGRAM

INDEPENDENT LIVING  
SERVICES

DATE

SMB-93-1  
Eff 3/1/93

ADULT AND FAMILY

Services Not  
Covered By Home  
Help Services  
(Cont'd)

- Transportation - Medical transportation policy and procedures are in Services Manual Item 211.
- Money management, e.g., power of attorney, representative payee;
- Medical services;
- Home delivered meals;
- Adult day care.

Note: If it appears the client's primary need is for Adult Foster Care (AFC) or foster care is being provided without a license, the case should be referred to the local AFC licensing consultant.

**NURSING REVIEW**

A registered nurse employed by Medical Services Administration (MSA) must review and approve the care plan for all persons receiving personal care services.

Send the DSS-2620, the DSS-2623 and a copy of the DSS-54A (openings only) for all case openings and annual reviews and the DSS-2624 for semiannual reviews by ID mail to:

Community Based Services  
Health Services Review  
Medical Services Administration

The RN will approve, disapprove or modify the service plan. Do not delay the payment authorization pending receipt of the RN's recommendation.

The RN is also available for case consultation upon request.

**REDETERMINATIONS**

Home Help Service Plan/Assessment Review (DSS-2624) Use the Home Help Service Plan/Assessment Review (DSS-2624) to update the Client Needs Assessment (DSS-2620) and the Home Help Service Plan (DSS-2623) at six month intervals.

Conduct a face-to-face interview with the client at the time of the 6 months review and:

- Reassess the client's functional limitations.



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PAGE

14

**SERVICES MANUAL**

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**SMB-93-1  
Eff 3/1/93****ADULT AND FAMILY**

- Home Help Service - Review the adequacy of the service plan.  
 Plan/Assessment  
 Review (DSS-2624) - Reassess the client/provider relationship  
 (Cont'd) - Obtain the Provider Log (DSS-721).

**Note:** A face-to-face contact must occur at least three times in a six month period for case management methodology cases. A summary narrative to record contacts and adjustments to the service plan must be completed every six months.

**Annual Review** Redetermine eligibility for HHS every 12 months in a face-to-face interview.

Complete the annual review to:

- Verify continued eligibility for Medicaid or Medical Aid.
- Complete a DSS-2620 to determine that a need for service continues.
- Complete a DSS-2623 and record how the client's service needs will be met.

**Note:** Complete a Comprehensive Case Management Reassessment (DSS-4511) at the annual review for case management methodology cases.

**HOME HELP SERVICE  
PROVIDERS**

**Provider Selection** The client has the right to choose the home help provider(s). As the employer of the provider, the client has the right to hire and fire providers to meet individual personal care service needs.

The client may receive DSS payment for home help services from qualified providers only.

The determination of provider qualification is the responsibility of the adult services worker.

Upon request, assist the client in obtaining a qualified provider.



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## SERVICES MANUAL

ADULT AND FAMILY

ITEM	363	PAGE	15
PROGRAM	INDEPENDENT LIVING SERVICES		
DATE	SMB-93-1 Eff 3/1/93		

### Provider Selection (Cont'd)

The local office may maintain a resource file of qualified providers willing to assist HHS clients. The file may include such information as:

- Type of client the provider is willing to work with;
- Training the provider has participated in;
- Past work experience;
- Hours the provider is willing/available to work;
- Type of services the provider is willing to perform.

Do not authorize HHS payments to a responsible relative or legal dependent of the client. \*

### Provider Criteria

Determine the provider's ability to meet the following minimum criteria in a face-to-face interview with the client and the provider:

#### Age:

- Appropriate to complete the needed service.

#### Ability:

- To follow instructions and HHS program procedures
- To perform the services required
- To handle emergencies

#### Physical Health:

- Adequate to perform the needed services

#### Knowledge:

- How and when to seek assistance from appropriate others in the event of an emergency

#### Personal Qualities:

- Dependable
- Can meet job demands including overtime, if necessary



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Dohn Hoyle, President  
Kathleen Neuman, Board Chair

**ASSOCIATION FOR COMMUNITY ADVOCACY**  
Advocating for People with Disabilities (formerly WARC)

*50 Years of Accomplishment*  
**1949-1999**

FAX MEMO

DATE:

1/6/00

TO:

MN Governors Planning Council DD

ATTN:

Colleen

FAX#:

(651) 297 7200

QUESTIONS? Call Washtenaw Association for Community Advocacy (734)  
662-1256

COMMENTS:

We are newly the  
chapter.

NUMBER OF PAGES TO FOLLOW

4

Signed \_\_\_\_\_



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