

Medicaid Definition for Adult Home Help

The following definition is from the **Michigan Medicaid Provider Manual Chapter on Home Health**. [Click here](#) to view the chapter.

- **Adult Home Help**

- **SECTIONS 1, 9, & 9.1:**

- **1 - GENERAL INFORMATION**

This chapter applies to Home Health providers. Home health is a covered Medicaid benefit for beneficiaries whose conditions do not require continuous medical/nursing and related care, but do require health services on an intermittent basis in the home setting for the treatment of an injury, illness, or disability. Medicaid covered services may be provided in the home only if circumstances, conditions, or situations exist which prevent the beneficiary from being served in a physician's office or other outpatient setting. Except as detailed in this chapter, the beneficiary's primary need must be for nursing care and/or physical therapy, rather than personal care or physician's care.

- **9 - PERSONAL CARE**

If the physician orders home health aide services and the beneficiary is also receiving personal care services through another entity (e.g., Home Help Program, MI Choice Waiver), there must be coordination between the two providers and documentation in the POC to verify that there is no duplication of personal care services.

- **9.1 - HOME HELP PROGRAM [CHANGE MADE 4/1/18]**

The Home Help Program provides unskilled personal care services (i.e., assistance with ADLs, IADLs) and other services allowed by the Home Help Program to assist eligible beneficiaries who are blind, disabled, or otherwise functionally limited. The beneficiary's adult services worker at the local MDHHS office arranges for these services with the personal care provider. The Home Health (revised 4/1/18) POC must clearly identify why the HHA services are required along with Home Help. Medicaid covers occasional follow-up HHA visits made to observe, evaluate and document the beneficiary's progress if ordered by the attending physician.