



Metro HCBS, LLC

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Southfield, MI 48075

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Hour of Operations:
Monday - Friday 8:00am-5:00pm

Visit us at:
www.MetroSolutions.us

Member & Caregiver Information Booklet

Metro HCBS, LLC

Administrator of Home & Community Based Services



**My Life
My Choice
My Care**

A decorative graphic at the bottom of the page, consisting of a thick, curved shape that is red on the outside and grey on the inside, resembling a stylized wave or a ribbon.



“Self Directed Services”

What is Self-Direction?

Self-direction gives you the freedom to choose the services and supports you need to live independently in your own home.

With self-direction you are the employer and have the responsibility for managing all aspects of service delivery in a person-centered planning process.

- ⇒ **YOU** can hire the caregivers you want
- ⇒ **YOU** decide the type of services you need
- ⇒ **YOU** determine the best schedule of care for you

*Self-Direction gives **YOU** more control over how you structure your life!*



Metro HCBS, LLC (MHCBS)

On the participant’s behalf, MHCBS will serve as the Administrative Agent handling the paperwork, and processing the billing and payment of those services identified and authorized in the participant’s budget.

Hours/Units Conversion Chart

Please use the chart below to determine the number of units you are authorized to work based on the member’s service authorization.

Use this column to identify the authorized number of units listed on your care plan.	Use this column to determine the number of hours you are authorized to work based on the number of units listed on your care plan.
1 units	15 mins
2 units	1/2 hr
3 units	45 mins
4 units	1 hr
5 units	1 hr and 15 mins
6 units	1 and 1/2 hr
7 units	1 hr and 45 mins
8 units	2 hrs
9 units	2 hrs and 15 mins
10 units	2 and 1/2 hrs
11 units	2 hrs and 45 mins
12 units	3 hrs
13 units	3 hrs and 15 mins
14 units	3 and 1/2 hrs
15 units	3 hrs and 45 mins
16 units	4 hrs
17 units	4 hrs and 15 mins
18 units	4 and 1/2 hrs
19 units	4 hrs and 45 mins
20 units	5 hrs
21 units	5 hrs and 15 mins
22 units	5 and 1/2 hrs
23 units	5 hrs and 45 mins
24 units	6 hrs
25 units	6 hrs and 15 mins
26 units	6 and 1/2 hrs
27 units	6 hrs and 45 mins
28 units	7 hrs
29 units	7 hrs and 15 mins
30 units	7 and 1/2 hrs
31 units	7 hrs and 45 mins
32 units	8 hrs

Note: You will not be paid for hours/units worked that exceed the approved number of hours/units authorized in the member’s service authorization.

TIME SHEET INSTRUCTIONS

MHCBS processes payments to caregivers for hours/units that have been authorized by the member's Insurance Health Provider or Waiver Agency. **Your monthly hours/units cannot exceed the hours/units authorized by the member's Health Insurance Provider or Waiver Agency.** If you have questions concerning your monthly authorized hours/units, please contact your Support Coordinator.

MHSBC will not process payroll for time sheets that are incomplete. Time sheets that are received incomplete will be placed in the member's file as pending until a completed time sheet has been received.

A completed time sheet will include the following:

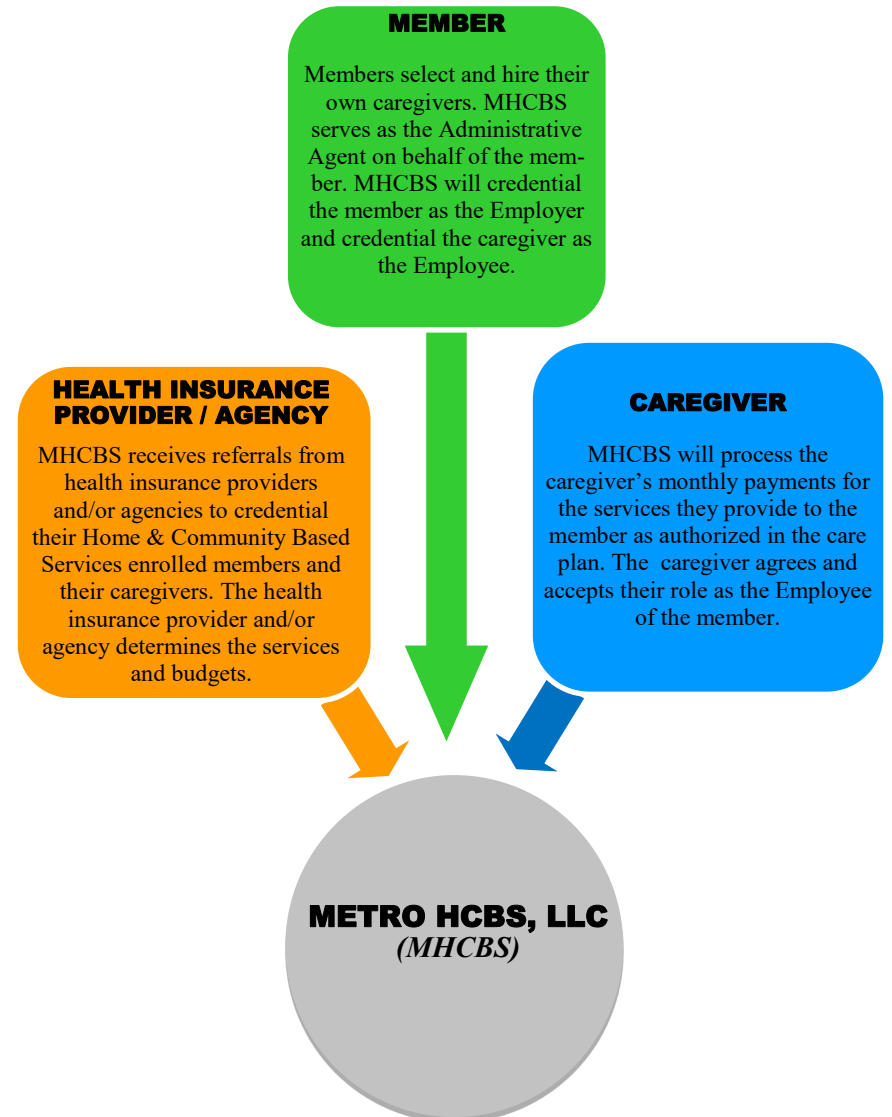
- The member's name and phone number.
- The caregiver's name and phone number.
- You must answer if the member was hospitalized anytime during the month. If the answer is yes, please indicate the dates the member was hospitalized. **Please note, you are not allowed to receive pay for services provided during the time the member was hospitalized.**
- You must check the boxes of all duties performed for each day you are authorized to work. **DRAWING LINES ARE NOT ACCEPTABLE.** Time sheets received with lines will be considered incomplete and will not be processed.
- **You must complete the time in/out section for each day services are provided.** Time sheets that are received without this information will not be processed.
- The member's signature and date.
- The caregiver's signature and date.

WARNING: Submitting time for hours not worked and/or when the employer was hospitalized is considered Medicaid/Medicare Fraud and will be reported to the Office of Inspector General. If you are paid for hours not worked, MHCBS will deduct all overpayments from subsequent earnings. We recommend that all time sheets be completed daily to avoid potential fraud.

Please Note: Time sheets are due by the 5th of each month.

Payments for time sheets that are received after the due date may be delayed within 7-10 business days of receipt

ILLUSTRATION OF ROLES AND RESPONSIBILITIES IN HOME & COMMUNITY BASED SERVICES



MEDICARE/MEDICAID FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the self-directed program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, guardians, representatives and care providers are vital to preventing fraud and maintaining program integrity.

As a participant, guardian, representative, care provider, you must comply with all State and Federal laws and prevent misuse or fraud. Honesty and integrity are expected of all who participate in any Medicaid programs.

Definition: Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

- ⇒ Recording hours on a timesheet that weren't worked
- ⇒ Approving hours that employees didn't actually work
- ⇒ Stating different times than you actually work
- ⇒ Changing hours on a timesheet after it has been approved
- ⇒ Not providing the services the participant needs
- ⇒ Falsifying a worker's compensation claim
- ⇒ Falsifying or misrepresentation on applications or documentation
- ⇒ Billing for services while in the member was in the hospital or other care facility
- ⇒ Duplicate billing (for multiple participants)

If Metro Solutions become aware of Medicaid or Medicare fraud, the information received will be reported to the Office of Inspector General.

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Office of Inspector General at :

855-MI-FRAUD (643-7283)

or

Send a letter to:

Office of Inspector General
PO Box 30062
Lansing, MI 48908

**YOU CAN HELP
STOP
MEDICAID OR
MEDICARE FRAUD!**

WE WELCOME YOUR FEEDBACK

MHCBS works hard to serve you in a professional and efficient manner. Your feedback and suggestions are very valuable in assisting our efforts to continue providing the best services possible.

If you are happy with our service please feel free to share your testimony of your experience with MHCBS via email to:

Tehmeika Dupree, MHCBS Director of Programs

TehmeikaD@MetroSolutions.us

ACCIDENT & INCIDENT REPORTING

All employer and/or employee related accidents/incidents must be reported to MHCBS immediately.

Emergency situations should be handled by calling 911 first, and then reporting to MHCBS once the situation has stabilized.

Please call **(313) 963-8383** between 9:00am - 5:00pm (Monday - Friday). If calling after hours, please leave a detailed message on the company's voicemail system.

GRIEVANCES & COMPLAINTS

If you are having problems or are unhappy with MHCBS or with the service of care provided to you, you have the right to let us know.

If you would like to file a grievance, you may contact our Director of Programs who will assist you with your grievance or complaint.

MHCBS will not retaliate against you for filing a grievance and/or complaint.

Tehmeika Dupree

MHCBS Director of Programs
TehmeikaD@MetroSolutions.us
313-963-8383

UNIVERSAL PRECAUTIONS

Universal precautions are practices that help protect against many infectious diseases, such as AIDS or Hepatitis B. Universal precautions can help people avoid contact with blood and certain other bodily fluids. Universal precautions must be followed with all people one comes in contact with, since one cannot be sure who is infected.

Universal precautions should be taken with:

- *Blood
- *Sweat
- *Urine
- *Feces
- *Salvia
- *Sputum
- *Tears
- *Semen
- *Cerebrospinal fluid
- *Breast milk
- *Wound drainage
- *Vaginal secretions or discharge
- *Anything wet that comes of the body

DO's and DON'T's of Universal Precautions

1. Wear gloves when coming in contact with body fluids, blood, and when handling contaminated articles such as lab specimens, dressings, and linens.
2. Wear masks, gowns, and/or goggles in addition to gloves, to protect yourself during procedures that may involve splashing of blood and/or contaminated body fluids.
3. Wash your hands with soap and running water prior to contact, immediately following contact, and after removing gloves. Wash hands immediately after contact with blood or any body fluids.
4. Place used disposable syringes, needles, and sharp items into a puncture resistant container.

How to wash your hands

1. Consider the sink, including the faucet controls, contaminated. Avoid touching the sink.
2. Turn water on using a paper towel and then wet your hands and wrists.
3. Work soap into a lather.
4. Vigorously rub together all surfaces of the lathered hands for 15 seconds. Wash around and under rings, cuticles, and fingernails.
5. Rinse hands thoroughly under a stream of water. Point fingers down so water and contamination won't drip toward elbows.
6. Dry hands completely with a clean, dry paper towel.
7. Use a dry paper towel to turn faucet off.
8. To keep soap from becoming a breeding place for microorganisms, thoroughly clean soap dispensers before refilling with fresh soap.
1. When hand washing facilities are not available at a remote work site, use appropriate antiseptic hand cleaner or antiseptic towelettes. As soon as possible, rewash hands with soap and running water.

**Remember: Intact skin is your best defense against bacteria.
Treat your hands well!**

What to avoid when washing your hands

- DONT** use a standing basin of water to rinse hands
- DONT** use a common hand towel. Always use disposable towels.
- DONT** use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water.

Remember: Germs thrive on moist surfaces!

HIPAA

Health Insurance Portability Accountability Act

HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number and any other personal information. Do not pass this information on unless it involves information professional staff need to know to do their jobs.

The member needs to trust you before they will feel comfortable enough to share any personal information with you. For you to provide quality care you may need this information. The member must know that whatever they tell you will be kept private and limited to those who need the information for treatment, payment and health care procedures. The member will have control over who will be told any personal information with or without their permission.

HOW TO SAFEGUARD INFORMATION

- ⇒ Watch what you say, where you say it, and to whom
- ⇒ Close doors when talking about private information
- ⇒ Do not talk about health information in front of others
- ⇒ If someone asks you a question involving personal information, make sure that person has a "need to know" before answering
- ⇒ Do not leave private information on an answering machine

“Notice of Privacy Practices”

HIPAA Privacy Notice

This notice describes how Metro HCBS, LLC (MHCBS) may collect, use and disclose personal and medical information about you. It also describes your rights to access and control your protected health information.

Metro HCBS, LLC (MHCBS) is committed to ensuring the privacy and confidentiality of your Protected Health Information (PHI) and supports the provisions of the Privacy Rule of the Health Portability and Accountability Act of 1996 (HIPAA).

1. Use and disclosures with your permission

MHCBS will use and disclose your personal health information when that information is used in the areas of treatment, payment and operations. We will not use or disclose your health information for other purposes, unless you give your written authorization. If you give your written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information MHCBS maintains, unless MHCBS has acted in reliance on your authorization.

2. Use or disclosures without your consent or authorization

The following categories describe when your medical or health information may be used or disclosed without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

- **Required by Law:** We may use or disclose your protected health information to the extent that the law requires its use or disclosure.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Health Oversight:** We may disclose protected health information to a health oversight agency authorized by law to conduct activities such as audits, investigations, and inspections, or any process for ensuring compliance with the rules of government health programs, such as Medicare or Medicaid.
- **Abuse or Neglect:** If we have cause to believe you are a victim of abuse or neglect, we may disclose your protected health information to a governmental authority that is authorized by law to receive reports of abuse or neglect. In this case, the disclosure will be made in full compliance with the requirements of applicable federal and state laws.
- **Judicial & Administrative Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** We may also disclose protected health information so long as applicable legal requirements are met for law enforcement purposes.
- **Workers Compensation:** We may disclose your protected health information as authorized to comply with workers’ compensation laws and other similar legally established programs.

- **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel.
- **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR section 164.500 et. seq.

3. A Federal Act called Health Insurance Portability and Accountability Act (HIPAA) gives you some additional rights through the Michigan Recipient Rights System. This Privacy Notice explains those additional rights under HIPAA

Your rights

You may request in writing that MHCBS does the following concerning your health information that MHCBS maintains. MHCBS does not have to agree to your request:

- You have the right to request a restriction of your protected health information.
- You have the right to request to receive confidential communications from MHCBS by alternative means or at an alternative location.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- Amend your health information. If you think any of the information that we have about you is incorrect, you have the right to request a change. If your request is denied, we will notify you in writing why your request was denied.
- You have the right to obtain a paper copy of this notice from us.

4. Complaints

If you believe your privacy rights have been violated by MHCBS, you have the right to complain in writing to MHCBS or to the Secretary of the United States Department of Health and Human Services. You may file a complaint with us by notifying Tehmeika Dupree, MHCBS Director of Programs at (TehmeikaD@metrosolutions.us) or by calling (313)963-8383. We will not retaliate against you if you choose to file a complaint with MHCBS or the Department of Health and Human Services.

5. MHCBS may also use and disclose your health information as follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a MHCBS to do this.
- To your personal representatives appointed by you or designated by applicable law.
- Coordination with another agency (such as school, nursing home, or Department of Human Services)