

MI Coordinated Health (MICH)
State Plan Personal Care Services Resource Document

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1. Process and Procedure Codes

Personal care services must be provided by the HIDE SNP according to procedures and protocol provided by the State. The following process and procedure codes must be followed for billing and submitting encounters for personal care services:

- Use procedure code T1019 for personal care services, per 15 minute increments.
- For personal care supplement payment (see section related to personal care supplement payment starting on page 29 for further detail):
 - The HIDE SNP must use the invoice provided by MDHHS. The HIDE SNP must give this invoice to Adult Foster Care and Homes for the Aged providers for billing purposes. This invoice will be returned to the HIDE SNP, and the HIDE SNP will pay the personal care supplement to the provider as appropriate. There must be an invoice for each enrollee residing in one of these settings.
 - The HIDE SNP will need to track the amount and date paid to the Adult Foster Care home or Home for the Aged for each enrollee.
 - For personal care supplement payments, the HIDE SNP should use procedure code “T1019” (personal care services, per 15-min increments) with modifier “CG” (policy criteria applied).
 - The HIDE SNP may find Place of Service code “14” (Group Home) applicable in Loop 2300.
 - The HIDE SNP must submit encounters for each enrollee based on the information on the invoice and using the codes provided by MDHHS.
- Encounters will require a diagnosis code as well. For ICD-9, MDHHS recommends “V60.89” (Other specified housing or economic circumstances) or “V60.4” (No other household Enrollee able to render care). For ICD-10, MDHHS recommends “Z74.1” (Need assistance with personal care) or “Z74.2” (No other household Enrollee able to render care).

2. Reasonable Time Schedules

The HIDE SNP must ensure that adequate minutes of services are provided to meet the Enrollee's needs. The Reasonable Time Schedules (below) are provided as a **guide**. The HIDE SNP may authorize more minutes per ADL as needed to meet the enrollee's needs based on observation of the enrollee's abilities during the in-person assessment.

For example, bathing ranking and the recommended times are as follows:

Activity	Rank	Minutes per day
Bathing	3	16
Bathing	4	18
Bathing	5	22

The HIDE SNP may provide higher or lower hours than shown on the Reasonable Time Schedule (RTS). Possible reasons for using higher hours include, but are not limited to, incontinence, severely impaired speech, paralysis and obesity. Possible reasons for lower hours include, but are not limited to, shared living arrangements (specifically for IADLs except for administering medications) and responsible relatives able and available to assist.

The HIDE SNP must provide adequate hours of service to meet the enrollee's needs even when that goes above the RTS. If the enrollee's needs go above the Reasonable Time Schedule, the HIDE SNP must add justification/verification to the assessments and ICP to document the reasons for the extra needs.

Time and task is only for ADL and IADL services for the enrollee. Care for an enrollee's pet does not count towards time and task.

a. RTS: Activities of Daily Living

The Reasonable Time Schedule (RTS) table includes the following reasonable times for completing Activities of Daily Living (ADLs) tasks (as a guide):

Activity	Rank	Minutes per day assuming 7 days a week
Bathing	3	16
	4	18
	5	22
Grooming	3	8
	4	10
	5	12
Dressing	3	14
	4	16
	5	18
Toileting	3	22
	4	26
	5	28
Transferring	3	6
	4	8
	5	10
Eating	3	44
	4	50
	5	56
Mobility	3	14
	4	16
	5	18

b. RTS: Instrumental Activities of Daily Living

These activities require a ranking of 3, 4 or 5, but the reasonable times allotted are the same for all ranks. There are monthly maximum hour limits on all instrumental activities of daily living (IADL) except medication. The limits are as follows:

- Five hours/month for shopping.
- Six hours/month for light housework.
- Seven hours/month for laundry.
- 25 hours/month for meal preparation.

If the enrollee does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by one half in shared living arrangements where other adults reside in the home, as personal care services are only for the benefit of the enrollee.

Note: This does not include situations where others live in adjoined apartments/flats or in a separate home on shared property and there is no shared, common living area. In shared living arrangements, where it can be clearly documented that IADLs for the eligible enrollee are completed separately from others in the home, hours for IADLs do not need to be prorated.

Example: The enrollee has special dietary needs and meals are prepared separately; the enrollee is incontinent of bowel and/or bladder and laundry is completed separately; the enrollee's shopping is completed separately due to special dietary needs and food is purchased from specialty stores; etc.

Time and task is only for ADL and IADL services for the enrollee. Care for an enrollee's pet does not count towards time and task.

c. RTS: Complex Care Needs

The Reasonable Time Schedule (RTS) table includes the following reasonable times for completing certain complex care tasks (as a guide):

Activity	Daily	Monthly
1. Eating or Feeding Assistance - Blended meals & throat massage – 45 minutes/meal X 3 - Feeding tube or supplemental food bag: <ul style="list-style-type: none"> o if 20 minutes each x 4 in 24 hour period o if 20 minutes each x 6 in 24 hour period 	2.25 hrs 1.33 hrs 2 hrs	67.5 hrs 40 hrs 60 hrs
2. Catheters or Leg Bags (Toileting) - In-dwelling (Foley), 10 minutes every 4 hours - Intermittent, 15 minutes every 4 hours	1 hr 1.5 hrs	30 hrs 45 hrs
3. Colostomy Care (Toileting) - If 20 minutes once a day - If 20 minutes twice a day Use the hours in numbers 2 and 3 in place of toileting if both a catheter and colostomy care is needed. If only one is needed then some toileting hours may be included in the regular reasonable time schedule.	.33 hrs .66 hrs	10 hrs 19.8 hrs
4. Bowel Program (used mainly for quadriplegics) (Toileting)	2 hrs every other day	30 hrs
5. Suctioning (Eating) During meals or as needed Minimum – 10 minutes every 2 hours	2 hrs	60 hrs
6. Specialized Skin Care (Transferring) - Turning at night – 10 minutes every 2 hours for 10 hours - Massage to prevent decubital ulcers – 15 minutes per day	.83 hrs .25 hr	25 hrs 7.5 hrs
7. Range of Motion Exercises (Mobility) - If 30 minutes once a day - If 30 minutes twice a day	.5 hr 1 hr	15 hrs 30 hrs

3. Time and Task

The HIDE SNP Care Coordinator will allocate time for each task assessed a rank of 3 or greater, based on interviews with the enrollee and provider, observation of the enrollee's abilities and use of the RTS **as a guide**. The HIDE SNP must provide adequate hours of service to meet the enrollee's needs even when that goes above the RTS. If the enrollee's needs go above the RTS, the HIDE SNP must add justification/verification to the assessments and ICP to document the reasons for the extra needs.

An assessment of need, at a ranking of 3 or greater, does not automatically guarantee the maximum allotted time allowed by the RTS. The HIDE SNP Care Coordinator must assess each task according to the actual time required for its completion.

Example: An enrollee needs assistance with cutting up food. The HIDE SNP Care Coordinator would only pay for the time required to cut the food and not the full amount of time allotted under the RTS for eating.

Note: Time and task is only for ADL and IADL services for the enrollee. Care for an enrollee's pet does not count towards time and task.

4. ADL/IADL Personal Care Assessment Guidance

The following charts provide guidance when completing a comprehensive Personal Care Assessment:

ACTIVITIES OF DAILY LIVING (ADL)

Eating - helping with the use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, swallowing foods and liquids, cleaning face and hands after a meal.

- 1 No assistance required.
- 2 Verbal assistance or prompting required. Enrollee must be prompted or reminded to eat.
- 3 Minimal hands-on assistance or assistive technology needed. Help with cutting up food or pushing food within reach; help with applying assistive devices. The constant presence of another person is not required.
- 4 Moderate hands-on assistance required. Enrollee has some ability to feed self but is unable to hold utensils, cup, or glass and requires the constant presence of another person while eating.
- 5 Totally dependent on others in all areas of eating.

Toileting - helping on/off the toilet, commode or bedpan; emptying commode, bed pan or urinal, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads. May also include catheter, ostomy or bowel programs.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required.
- 3 Minimal hands-on assistance or assistive technology needed with some activities. The constant presence of another person while toileting is not necessary.
- 4 The enrollee does not carry out most activities without human assistance.
- 5 Totally dependent on others in all areas of toileting.

Bathing - helping with cleaning the body or parts of the body using a tub, shower or sponge bath; including getting a basin of water, managing faucets, soaping, rinsing and drying, or helping shampoo hair.

- 1 No assistance required. Bathes self safely without help from another person.
- 2 Bathes self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.
- 3 Minimal hands-on assistance or assistive technology required to carry out task. Generally, bathes self but needs some assistance with cleaning hard to reach areas; getting in/out of tub/shower. Enrollee is able to sponge bath but another person must bring water, soap, or towel. Enrollee relies on a bath or transfer bench when bathing. The constant presence of another is not required.
- 4 Requires direct hand- on assistance with most aspects of bathing. Would be at risk if left alone.
- 5 Totally dependent on others in all areas of bathing.

Grooming - Maintaining personal hygiene and a neat appearance; including the combing/brushing of hair, brushing/cleaning teeth, shaving, and fingernail and toenail care.

- 1 No assistance required.
- 2 Grooms self with direction or intermittent monitoring. May need reminding to maintain personal hygiene
- 3 Minimal hands-on assistance required. Grooms self but needs some assistance with activities of personal hygiene.
- 4 Requires direct hands-on assistance with most aspects of grooming. Would be at risk if left alone.
- 5 Totally dependent on others in all areas of grooming.

Dressing - Putting on and taking off garments; fastening and unfastening garments/undergarments, assisting with special devices such as back or leg braces, elastic stockings/garments and artificial limbs or splints.

- 1 No assistance required.
- 2 Enrollee is able to dress self but requires reminding or direction in clothing selection.
- 3 Minimal hands-on assistance or assistive technology required. Enrollee unable to dress self completely (i.e. tying shoes, zipping, buttoning) without the help of another person or assistive device.
- 4 Requires direct hands on assistance with most aspects of dressing. Without assistance would be inappropriately or inadequately dressed.
- 5 Totally dependent on others in all areas of dressing.

Transferring - Moving from one sitting or lying position to another. Assistance from the bed or wheelchair to the sofa, coming to a standing position and/or repositioning to prevent skin breakdown.

- 1 No assistance required.
- 2 Enrollee is able to transfer but requires encouragement or direction.
- 3 Minimal hands-on assistance needed from another person for routine boosts or positioning. Enrollee unable to routinely transfer without the help of another or assistive technology such as a lift chair.
- 4 Requires direct hands-on assistance with most aspects of transferring. Would be at risk if unassisted.
- 5 Totally dependent on others for all transfers. Must be lifted or mechanically transferred.

Mobility - Walking or moving around inside the living area, changing locations in a room, assistance with stairs or maneuvering around pets, or obstacles including uneven floors.

- 1 No assistance required even though the enrollee may experience some difficulty or discomfort. Completion of the task poses no risk to safety.
- 2 Enrollee is able to move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane.
- 3 Minimal hands-on assistance required for specific maneuvers with a wheelchair, negotiating stairs or moving on certain surfaces. Without the use of a walker or pronged cane, enrollee would need physical assistance.
- 4 Requires hands-on assistance from another person with most aspects of mobility. Would be at risk if unassisted.
- 5 Totally dependent on other for all mobility. Must be carried, lifted or pushed in a wheelchair or gurney at all times.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

Taking Medication - Taking prescribed and/or over the counter medications

- 1 No assistance required.
- 2 Enrollee is able to take all medications but needs reminding or direction.
- 3 Enrollee is able to take all medication if someone assists in measuring dosages or prepares administration schedule.
- 4 Enrollee is able to take some medication if another person assists in preparation but needs someone to assist in administering other medications.
- 5 Totally dependent on another. Does not take medication unless someone assists in administering.

Meal Preparation - Planning menus, washing, peeling, slicing, opening packages/cans, mixing ingredients, lifting pots/pans, reheating food, cooking, safely operating stove, setting the table, serving the meal, and washing/drying dishes and putting them away.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required for menu planning, meal preparation or clean up.
- 3 Minimal hands-on assistance required for some meals. Enrollee is able to reheat food prepared by another and/or prepare simple meals/snacks.
- 4 Requires another person to prepare most meals and do clean-up.
- 5 Totally dependent on another for meal preparation.

Shopping - Compiling a list, managing cart or basket, identifying items needed, transferring items to home and putting them away, phoning in and picking up prescriptions. Limited to brief, occasional trips in the local area to shop for food, medical necessities and household items required specifically for the health and maintenance of enrollee.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required for shopping.
- 3 Minimal hands-on assistance required for some tasks (grocery shopping) but enrollee can compile a list and go to nearby store for small items.
- 4 Requires hands-on assistance from another person with most aspects of shopping but enrollee is able to accompany and select needed items.
- 5 Totally dependent on another for shopping.

Laundry - Gaining access to machines, sorting, manipulating soap containers, reaching into the machine for wet/dry clothing, operating the machine controls, hanging laundry to dry, folding and putting away.

- 1 No assistance required.
- 2 Performs all tasks but needs reminding or direction to do laundry on a regular basis or to do it properly.
- 3 Minimal hand-on assistance required with some tasks but is able to do most laundry without assistance
- 4 Requires hands-on assistance from another person with most aspects of laundry. Is able to perform some laundry tasks such as folding small clothing items or putting clothes away.
- 5 Totally dependent on another for laundry.

Light Housecleaning - Sweeping, vacuuming and washing floors, washing kitchen counters and sinks, cleaning the bathroom, changing bed linens, taking out garbage, dusting, cleaning stove top, and cleaning refrigerator

- | | |
|---|--|
| 1 | No assistance |
| 2 | Performs all tasks but needs reminding or direction from |
| 3 | Requires minimal assistance from another for some tasks due to limited endurance |
| 4 | Requires assistance for most tasks although enrollee is able to perform a few |
| 5 | Totally dependent on another for |

Note: If the assessment determines the need for an ADL at a level 3 or greater but these services are delivered by a non-paid caregiver (i.e., a family Enrollee) or the enrollee refuses the services, the enrollee would still be eligible to receive IADL services if assessed at a level 3 or greater.

Example: Ms. Smith is assessed at a level 4 for bathing. If she refuses to receive assistance or her daughter agrees to assist her at no charge, Ms. Smith would be eligible to receive assistance with IADLs if the assessment determines a need at a level 3 or greater.

Note: If an enrollee uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the enrollee must be ranked a level 3 or greater on the functional assessment. This enrollee would be eligible to receive personal care services. Examples of adaptive equipment include, but are not limited to walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and handheld showers.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub, which allows him to bathe himself without the hands-on assistance of another. The HIDE SNP must rank Mr. Jones a level 3 or greater under the functional assessment. Mr. Jones would be eligible to receive personal care services.

5. Provider Qualifications

A criminal history screen must be conducted for all personal care providers. In addition, the provider's ability to meet the following minimum qualifications must be determined:

Age: The provider must be 18 years and older.

Ability:

- To follow instructions and personal care procedures.
- To perform the services required.
- To handle emergencies.

Physical Health: The provider's health must be adequate to perform the needed services.

Knowledge: The provider must know when to seek assistance from appropriate sources in the event of an emergency.

Personal Qualities: The provider must be dependable and able to meet job demands.

Training: The provider must be willing to participate in available training programs if necessary.

If personal care is needed for basic needs and the provider qualifications can be determined via phone, an in-person interview may not be required. There are situations when a return demonstration may be needed if this is a new care provider to the enrollee. For example, the use of a Hoyer lift. If this is a current care provider who has been using a Hoyer lift and the enrollee confirms that the lift is being used without problems, a return demonstration may not be necessary. If this is a new provider to an enrollee, a return demonstration may be necessary to ensure proper use of the lift and safety of the enrollee.

HIDE SNP Care Coordinator may use discretion in determining if a basic care need return demonstration is required.

In addition to a criminal history screen and meeting minimum requirements, a return demonstration of the complex care task is needed to determine competency of the provider.

6. Responsible Relatives and Guardians

Adult children (18 years or older) may provide personal care services to a parent, and legal guardians may provide personal care services, as well. A person with financial responsibility for an enrollee may not be paid to provide personal care services. (Financial responsibility means: one individual is legally obligated to provide for the other person from their own money. Simply having the responsibility/authority to direct another individual's funds to pay bills, meet financial obligations such as conservator, representative payee, and guardian does not constitute "financially responsible." The only exclusion would be if the letters of authority issued by Probate court specifically state the guardian or conservator is financially responsible.) Spouses **cannot** be paid to provide personal care services as they are considered responsible relatives.

Couples who are separated must provide verification that they are no longer residing in the same home ("unavailable" as defined below). Verification may include their driver's license, rent receipt or utility bill reflecting their separate mailing address. A spouse who is legally separated from a spouse cannot be paid to provide personal care services. ADLs may be approved when an enrollee's spouse is unavailable or unable to provide these services.

Note: Unavailable means absence from the home for an extended period due to employment, school or other legitimate reasons. The responsible relative must provide a work or school schedule to verify they are unavailable to provide care. Unable means the responsible person has disabilities of their own which prevent them from providing care.

Do not approve shopping, laundry, or light housecleaning, when a responsible relative of the enrollee resides in the home, unless they are unavailable or unable to provide these services.

Example: Mrs. Smith is in need of personal care services. Her spouse is employed and is out of the home Monday through Friday from 7 AM to 7 PM. Hours for shopping, laundry or house cleaning would not be approved as Mr. Smith is responsible for these tasks.

Example: Mrs. Jones is in need of personal care services. Her spouse's employment takes him out of town Monday through Saturday. Hours for shopping, laundry or house cleaning may be approved.

7. Personal Care Services and the MI Coordinated Health 1915(c) Waiver

If an enrollee ranks at a level 1 or 2, he or she will not be eligible for State Plan Personal Care Services through MI Coordinated Health. If an individual ranks at a level 2, he or she may be eligible for ADL assistance through the MI Coordinated Health HCBS waiver Expanded Community Living Supports (ECLS) benefit if the enrollee requires prompting, cueing, guiding, teaching, observing, or reminding to complete ADLs. An enrollee can receive IADL assistance if he or she qualifies for ECLS due to a need for prompting, cueing, guiding, etc. to complete ADLs. The HIDE SNP Care Coordinator must assure the Nursing Facility Level of Care Determination Tool is performed to determine if the enrollee qualifies to receive MI Coordinated Health HCBS waiver services.

ECLS may be provided in addition to State Plan Personal Care Services if the enrollee requires hands-on assistance with some ADLs, as covered under Personal Care Services, but requires prompting, cueing, guiding, teaching, observing, reminding, or other support (not hands-on) to complete other ADLs and IADLs independently to ensure safety, health, and welfare of the enrollee. Refer to the MI Coordinated Health HCBS waiver and supporting documentation for additional information. Personal Care Services and ECLS may also be provided for the same ADLs or IADLs but at different times during the day.

Potential Scenarios for State Plan Personal Care Services and MI Coordinated Health 1915(c) Waiver

	Enrollee has a need for	Services that could be provided
Scenario 1	Hands-on assistance with ADLs	State Plan Personal Care Services
Scenario 2	Hands-on assistance with ADLs and IADLs	State Plan Personal Care Services
Scenario 3	Prompting, cueing, observing, guiding, teaching, and /or reminding related to ADLs and is enrolled in the MI Coordinated Health HCBS waiver	Expanded Community Living Supports
Scenario 4	Prompting, cueing, observing, guiding, teaching, and /or reminding related to ADLs and IADLs and is enrolled in the MI Coordinated Health HCBS waiver	Expanded Community Living Supports
Scenario 5	Hands-on assistance with some ADLs (and maybe some IADLs), and a need for prompting, cueing, observing, guiding, teaching, and /or reminding for other ADLs (and maybe some IADLs) and is enrolled in the MI Coordinated Health HCBS) waiver	State Plan Personal Care Services AND Expanded Community Living Supports

8. Service Animals

HIDE SNPs may provide a \$20 monthly stipend for care and maintenance of a service animal, paid directly to the enrollee. The Americans with Disabilities Act (ADA) defines service animals as those that are individually trained to do work or perform tasks for people with disabilities. This benefit covers dogs and miniature horses that meet the ADA definition of service animal.

The benefit for maintenance costs of a service animal may be authorized if all of the following conditions are met:

- The client is receiving personal care services.
- The client is certified as disabled due to a specific condition such as arthritis, blindness, cerebral palsy, polio, multiple sclerosis, deafness, stroke or spinal cord injury, among others.
- The service animal is trained to meet the specific needs of the client relative to his or her disability.
- The service animal does not have to be professionally trained, and proof of training must not be requested.
- The tasks performed by the service animal are for the client.

Examples of tasks performed by a service animal may include, but are not limited to, the following:

- Guiding enrollees who are blind
- Alerting enrollees who are deaf
- Pulling a wheelchair
- Alerting and protecting enrollees with a seizure disorder
- Reminding enrollees with mental illness to take prescribed medications
- Calming enrollees with Post-Traumatic Stress Disorder (PTSD) during an anxiety attack (an enrollee still needs to receive a personal care service to qualify for the monthly stipend for care and maintenance of a service animal)

The ICP must document that the service animal will be used primarily to meet specific needs of the client relative to his or her disability. The HIDE SNP may ask what tasks the service animal performs for the client but cannot request a demonstration of the tasks.

No verification of expenses or services provided by the service animal is required. The need for the service animal is assessed by the HIDE SNP during an in-person visit with the enrollee. If the enrollee is eligible for the stipend, the payment is authorized for six months, and payment is made directly to the enrollee. The need for the stipend must be reassessed every six months.

This benefit does not include general pets whose sole function is to provide comfort or emotional support.

This benefit is included in Medicaid capitation rates. MDHHS will annually collect

stipend utilization/payment data from HIDE SNPs. Since there are no available procedure codes for this benefit, MDHHS will send HIDE SNPs a template for reporting this information.

The template will include the following elements: Enrollee ID, Enrollee first/last name, amount paid by month, and total annual amount paid.

Submission of the annual report to MDHHS will occur in January of the year following the reporting period. For example, for CY 2018, the report will be due in January of 2019. The annual report will be due the last Friday of January and should be submitted via FTP.

9. Personal Care Supplement Invoice

The MICH Invoice for Adult Foster Care/Homes for the Aged Personal Care Supplement template is available on the MDHHS MICH website and included on the page below.

Note: HIDE SNPs will be required to submit the information collected in the invoice template to MDHHS via encounter data using an 837 format. The invoice may be tailored to meet your organization's specific needs.

**MI Coordinated Health (MICH)
Invoice for Adult Foster Care/Homes for the Aged Personal Care Supplement**

Billing Provider Information

1. Adult Foster Care (AFC) home or Home for the Aged (HFA) Organization Name or Caretaker First and Last Name (to whom the payment will be remitted):
2. Is the AFC/HFA home owned by a person or an organization?
3. What is the National Provider Identification (NPI) number? If not applicable, what is the Tax Identification Number (TIN)?
4. To what address should the payment be remitted? (Address Line, City, State, Zip):

Enrollee Information

1. Enrollee First and Last Name:
2. Enrollee's Medicaid ID:
3. Enrollee's Address (Address Line, City, State, Zip):
4. Enrollee's Birthdate:
5. Enrollee's Gender:

Rendered Services Information

1. This personal care supplement will cover dates from ___/___/_____ to ___/___/_____.
2. Amount charged: \$ _____
(Note: The current rate for one full month's service is \$xxx.xx.)

Provider Signature: _____

Provider: By signing this claim, you are attesting that you and/or your organization rendered personal care services to the above Enrollee in the specified time frame, and you believe the Enrollee to be eligible for the personal care supplement.