



Personal Care Supplement Guide

1. What is the Medicaid Personal Care Supplement?

The Personal Care Supplement is paid to licensed Adult Foster Care (AFC) homes and Homes for the Aged (HFA). It is a legislatively mandated payment made for personal care services provided to eligible individuals residing in AFC homes or HFAs. The personal care supplement amount is set by the Michigan legislature.

2. Who is eligible for the Personal Care Supplement?

MI Health Link enrollees are eligible for this payment if they meet all three of the following criteria

- Are eligible for Medicaid
- Live in a Michigan licensed Adult Foster Care Home or Home for the Aged
- Score at a **2** or above on the Personal Care Assessment for activities of daily living

Enrollees participating in the MI Health Link Home and Community Based Services **WAIVER** are not eligible to receive the Personal Care Supplement if they live in an AFC or HFA.

3. How will ICOs know to pay Personal Care Supplement?

For enrollees residing in an AFC or HFA at the time of enrollment in MI Health Link, the CareConnect360 (CC360) flag for AFC/HFA will be “Yes”. The MI Health Link health plan will be able to drill down in CC360 to the provider information.

For all other enrollees moving into an AFC home and HFA, the Care Coordinator will complete the in-person Personal Care Assessment to determine if the enrollee meets the scoring requirement (**2** or higher for one Activity of Daily Living). The health plan will confirm that the AFC or HFA in which the enrollee is interested in residing is licensed by checking the licensing status at http://www.dleg.state.mi.us/brs_afc/sr_afc.asp. If all three criteria are met, the health plan will work to enroll the AFC or HFA into the health plan’s network, if applicable.

4. How will the MI Department of Health and Human Services (MDHHS) know to stop payment when a person enrolls in MI Health Link?

Following enrollment, MDHHS will identify all enrollees for whom the Personal Care Supplement was paid in the 6 months prior to enrollment. This list will be sent to the county offices so local Adult Service Workers can close these cases to stop payments.

5. What is required of the provider?

The AFC or HFA must be licensed and contracted with the MI Health Link health plan to receive the Personal Care Supplement. The provider must submit an invoice to the health plan to be paid the Personal Care Supplement. Billing is sometimes only as frequent as one time per year.

6. How much is the Personal Care Supplement payment?

The Personal Care Supplement payment changes annually.

The amount can be prorated for partial month stays in an AFC or HFA. The rate may potentially change when the legislature establishes the annual MDHHS budget.