

MA Participant Directed Program 5719 - Live-In Caregiver Automatic Payment Form B

Participant(PA) Name:	Provider ID Number:	E							
Participant Address:	*Tax ID Number:								
City, State, Zip:									
Participant First Name:					Participant Last Name:				
		Participant ID Number:	X	X					

**A Tax Identification Number is required or the invoice cannot be processed. For an individual, the Tax ID number is the social security number.
The Live-In Care Provider needs to be a CORI approved and credential approved Independent Contractor in order to provide this service.

Service Code	Number of Months	Fiscal Year	Beginning on Month (MM/DD/YY)	Rate	Total \$
5719					

Guidelines under 5719:

- 1.) Payment of 5719 service will be issued to the participant and mailed to the participant’s address on file.
- 2.) The Live-in caregiver can only provide, outside of this service, up to 40 hours per week of direct service including self-directed adult companion, self-directed individualized home support, self-directed individual supported employment or self-directed individualized day support.
- 3.) The live-in caregiver cannot be related by blood or marriage of any degree and cannot be employed by a provider of waiver services.
- 4.) The individual cannot live in the caregiver’s home or in a residence that is owned or leased by the provider of Medicaid services.
- 5.) The live-in caregiver service does not pay mortgage payments, real estate taxes, etc.
- 6.) Vehicle modification services can only be provided on the individual’s own vehicle and not the live – in caregiver’s vehicle.
- 7.) Residence must be owned or leased by the DDS consumer, his/her family or legal representative
- 8.) Any participant who is authorized for 5719 cannot be authorized for 5300 or 5400 services for the cost of rent, food, or utilities, as the rate includes provisions for those additional incremental costs.

DDS Staff Signature/Date

Regional Liaison Signature/Date

Printed Participant Name

Date

PLEASE KNOW THAT FAILURE TO FILL OUT THIS FORM COMPLETELY AND ACCURATELY CAN RESULT IN DELAY OF PAYMENT.

FAX, MAIL or EMAIL Automatic Payment Request To:

FAX: 877-563-6438

MAIL: PPL, MA PDP Program, One Cabot rd. STE 102, Medford, MA 02155

EMAIL: PPLMA_PDP@pcgus.com