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):

Beneficiary Information

1. Beneficiary First and Last Name:

2. Beneficiary's Medicaid ID:

3. Beneficiary's Address (Address Line, City, State, Zip):

4. Beneficiary's Birthdate:

5. Beneficiary'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 $203.92.)

3. Molina Prior Authorization Number: _____

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

Provider Signature: _____

Additional Information for Integrated Care Organizations

about the Invoice for Adult Foster Care/Homes for the Aged Personal Care Supplement

ICOs will be required to submit the information collected in this application to MDCH via encounter data using an 837 format.

You may find the additional information useful; however, it may need to be additionally tailored to meet your organization's specific needs:

1. You will need to additionally track the amount and date paid to the Adult Foster Care home or Home for the Aged.

2. You should use procedure code" T1019" (personal care services [per 15-min increments]) with modifier "CG" (policy criteria applied) to submit encounters for personal care supplements.

3. You may find Place of Service code "14" (Group Home) applicable in Loop 2300.

4. Encounters will require a diagnosis code as well. For ICD-9, we recommend "V60.89" (Other specified housing or economic circumstances) or "V60.4" (No other household member able to render care). For ICD-10, please consider "Z74.1" (Need assistance with personal care) or "Z74.2" (No other household member able to render care).

If you have encounter-related questions, please send them to the MDCHEncounterData@michigan.gov and copy your ICO contract manager.

If you have policy questions related to the personal care supplement, please contact your ICO contract manager.