

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

Provider 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 \$
<b>5719</b>					

**\*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 as the rate includes provisions for the additional incremental cost of rent, food and utilities.

\_\_\_\_\_  
 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