



### Statement of Cost for Personal Care Services

Date \_\_\_\_\_

Please Return By \_\_\_\_\_

DCF/Economic Services Division  
Application and Document Processing Center  
103 South Main Street  
Waterbury, VT 05671-1500

Phone: 1-800-479-6151

RE-Name \_\_\_\_\_ SSN \_\_\_\_\_

To the Residential Care Home Provider:

This patient, who resides in your Home, has requested a higher deduction for personal care services than our standard deduction.

In order to consider a higher deduction, we need you to document the cost of the services checked below which have been found medically necessary by a physician.

Eligibility Specialist \_\_\_\_\_

Medically Necessary Services	*Frequency	**Hrs. required each month	Medically Necessary Services	*Frequency	**Hrs. required
<input type="checkbox"/> Eating	_____	_____	<input type="checkbox"/> Personal Hygiene	_____	_____
<input type="checkbox"/> Dressing	_____	_____	<input type="checkbox"/> Special Diet	_____	_____
<input type="checkbox"/> Walking	_____	_____	<input type="checkbox"/> Managing Medications	_____	_____
<input type="checkbox"/> Toileting	_____	_____	<input type="checkbox"/> Managing Money	_____	_____
<input type="checkbox"/> Transferring	_____	_____	<input type="checkbox"/> General Supervision	_____	_____
<input type="checkbox"/> Standing	_____	_____	<input type="checkbox"/> Other	_____	_____
<b>Total</b>	_____	_____	<b>Total</b>	_____	_____

\* Please indicate how often the service is provided each day (d), week (w) or month (m). For example, one resident may take medication 3 times a day (3/d) and another may take it once a week (1/w).

\*\* If a service is provided to more than one person at a time, remember to divide your time by the number of residents. For example if you have prepared the same special diet for two residents, you would divide the preparation time by 2.

NOTE: You may include administrative costs under certain conditions (see back for details).

Monthly charge to the above resident: \_\_\_\_\_

Amount of total charged for room and board: \_\_\_\_\_

Amount charged for other services (not medically necessary): \_\_\_\_\_

Amount charged for the above-listed personal care: \_\_\_\_\_

Explain what expenses or other factors you have used to calculate the personal care cost total (ex. cost of employees hired to perform the care, cost of your own work in providing care, profit margin, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Note: Your statement will be reviewed by Department staff and a medical consultant, and we may need to ask for additional documentation before making a decision. The Department retains the right to reject the amounts provided on this form and substitute a different amount in determining Medicaid eligibility. Please notify the Department of any change in this information.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

In a Level III home only:

If the patient's condition or the routine practices of a Level III residential care home in which the patient lives are such that a nurse performs a supervisory role relative to the individual who actually performs the personal care services and that supervisory responsibility involves the review and assessment of the medically necessary personal care services the individual provides to a Medicaid applicant or recipient living in the residential care home, then the residential care home operator may include the administrative cost of this supervision within the cost of the separate tasks which are allowable as personal care services.

### Patient Right to Appeal

The patient has a right to appeal the decision the Department makes on the basis of the information provided by the Residential Care Home Provider.

Appeal rights are contained on the Notice of Decision to the patient. The patient may ask for a Fair Hearing any time up to 90 days after the notice is mailed to the patient.

The Department's determination relative to what amount is to be applied to the patient's spend-down requirement as a personal services deduction will be used until the appeal is decided or settled (i.e., the Medicaid eligibility determination will not be delayed while the appeal is pending).