SELF-DIRECTED SERVICES HOME AND COMMUNITY-BASED SETTINGS MINIMUM FEE RATE AGREEMENT

Instructions:

Caregivers who provide self-directed services to Family Care, PACE, or Family Care Partnership members and want to receive less than the minimum fee schedule amount are required to fill out and sign this form.

This completed and signed form must be submitted to the managed care organization (MCO) and/or fiscal employment agency (FEA), who must keep it on file.

Completion of this form is mandatory for caregivers who want to receive less than the minimum fee schedule amount. The caregiver must check one of the statements below and sign. Personally identifiable information on this form is collected to verify that the request is complete and will be used only for this purpose. The MCO and/or FEA will keep the caregiver's identity confidential.

Name (Last, First, MI)			Address
City	State	ZIP Code	Phone Number
Email Address			

The fiscal agent has informed me of the state-developed Family Care/Family Care Partnership minimum rate for supportive home care service I provide to the member. (Caregiver must check one of the two boxes.)

☐ I understand I am eligible for the minimum rate, and the rate I am agreeing to is below the minimum rate for the supportive home care services I am providing.

☐ I understand the rate I am agreeing to is at or above the minimum rate for the supportive home care services I am providing.

The fiscal agency will ensure this rate agreement is reviewed with me and my employer/member either (1) as my rate changes, or (2) no less than every six (6) months.

This agreement is effective for a six-month period from _____ to _____.

SIGNATURE – Caregiver	Name – Caregiver (printed)	Date Signed