

*TOC not required*

**213.220      Benefit Limit Consumer-Directed Attendant Care      1-1-15**

One unit of consumer-directed attendant care service equals a full 15 minutes. The established benefit limit for Alternatives Attendant Care Service is 11,648 units per state fiscal year. Services are reimbursable when provided according to the beneficiary’s approved Plan of Care.

A maximum of 8 hours per day, 7 days per week is allowed, except that an individual provider may not work for more than 40 hours per week. An individual provider may work for only one beneficiary during a single day. The number of hours included on a beneficiary’s Plan of Care is based on a medical assessment, the individual’s needs and other support systems in place.

**242.210      Billing Instructions for Agency and Consumer-Directed Attendant Care Providers      1-1-15**

The following instructions must be read and carefully followed so that HP Enterprise Services can efficiently process claims. Accuracy, completeness and clarity are important. Claims cannot be processed if applicable information is not supplied or is illegible. Claims should be typed whenever possible.

Regardless of the date that Attendant Care services begin for an Alternatives beneficiary, Medicaid reimbursement is not allowed prior to the effective date of the Medicaid Provider Identification Number (PIN) as issued by the Medicaid fiscal agent, HP Enterprise Services.

**NOTE:      It is very important to submit a completed provider certification packet immediately. Each packet must include all of the required documents, tax forms and copies of identification as required for the individual service. Packets received and processed will establish a provider’s eligibility as stated in this manual. Provider eligibility will not begin prior to the first day of the month that a correctly completed DAAS certification/Medicaid Attendant Care provider enrollment packet is received by DAAS. Therefore, packets must not be held and mailed in for processing at a later date.**

**For example, the waiver eligibility effective date for the Alternatives beneficiary is 1-15-07. The Attendant Care provider and the Alternatives beneficiary signed the Alternatives Attendant Care Service Agreement (AAS-9512) on 1-20-07. A correctly completed DAAS certification/Medicaid Attendant Care provider enrollment packet was received by DAAS on 2-10-07. Services provided on or after 2-1-07 will be eligible for reimbursement.**

- The Attendant Care Service Agreement (AAS-9512) cannot be back dated.
- Once signed and dated by the provider and the waiver beneficiary, the Attendant Care Service Agreement (AAS-9512) must be postmarked within 14 calendar days of the signatures on the agreement.
- Prior to providing attendant care services, the provider must be certified by DAAS, possess an active Medicaid PIN issued on behalf of the Arkansas Medicaid Program and have a copy of the employer/beneficiary’s current Plan of Care provided by the DAAS Rehab Counselor or RN.

Medicaid may be billed only for the amount of services authorized in the Alternatives Plan of Care and only for what the Attendant Care provider has actually provided. **MEDICAID CANNOT BE BILLED FOR FUTURE DATES OF SERVICE.** An individual provider may not work for more than 40 hours per week. An individual provider may work for only one beneficiary during a single day.

Following is the address and telephone number for the HP Enterprise Services Provider Enrollment Unit in the event there are questions about a PIN number:

HP Enterprise Services  
Provider Enrollment Unit  
PO Box 8105  
Little Rock, AR 72203-8105  
(501) 376-2211 or 1-800-457-4454

Following is the address and telephone number for the HP Enterprise Services Provider Assistance Center in the event there are questions about a claim:

HP Enterprise Services  
Provider Assistance Center  
PO Box 8036  
Little Rock, AR 72203-8036  
(501) 376-2211 or 1-800-457-4454

If an Attendant Care provider quits working for an Alternatives beneficiary, the DAAS RN/Counselor must be notified immediately in writing, citing the last day of employment.

### **242.311 Consumer-Directed Attendant Care Services**

**1-1-15**

When filing paper claims for Consumer-Directed Attendant Care, Form AAS-9559 must be used. Billing will be monitored to ensure compliance with the waiver Plan of Care. All billing will be reviewed based on the number of units authorized per week, Sunday through Saturday. When computing units, the provider must bill no more than the number of units authorized per week beginning on Sunday. The Consumer Directed Provider is limited to 40 hours of work per week. All reviews are conducted based on the number of units billed Sunday through Saturday each week. Units billed outside this timeframe and over the number of authorized units are subject to recoupment.

Regardless of the number of waiver beneficiaries for whom an Attendant Care provider works, no more than 40 hours per week are eligible for reimbursement consideration by the Arkansas Medicaid program. In addition, if an Attendant Care provider is employed by another waiver beneficiary OR another employer, all hours of employment will be considered when authorizing Attendant Care services for a waiver beneficiary. No more than a total of 40 hours per week including ALL employment, will be allowed for an Attendant Care provider.

Regardless of the number of providers a waiver beneficiary hires, no more hours than authorized on the waiver Plan of Care are eligible for reimbursement consideration by the Arkansas Medicaid Program. The Consumer Directed Provider is limited to provision of services to one client per day.