Iowa Department of Human Services

CONSUMER-DIRECTED ATTENDANT CARE
INDIVIDUAL PROVIDER ENROLLMENT

General Information Before Services Start

The consumer and the consumer's legal guardian determine with the provider what consumer-directed attendant care (CDAC) services will be provided. Outline the services on form 470-3372, *HCBS Consumer-Directed Attendant Care Agreemen*t. You can get this form from the consumer's targeted case manager or service worker.

Once completed, the form must be returned to the targeted case manager or service worker **before the services begin**. The targeted case manager or service worker must review the listed services before services are provided, to determine if they are needed to meet the consumer's needs.

The services agreed to will be reviewed at least annually and when there are significant changes in the consumer's situation. Skilled services must be supervised by a licensed nurse or licensed therapist. On-site supervisory visits are required every two weeks, and the provider must be present.

A CDAC provider must be an enrolled <u>Medicaid</u> provider before services can be provided. Complete form 470-2917, *Medicaid HCBS Waiver Provider Application*.

A CDAC provider must be at least 18 years of age. A provider cannot be the spouse of the consumer, or a parent or stepparent of a consumer 17 years of age or younger.

A CDAC provider cannot be the recipient of respite services paid through home- and community-based services on the behalf of a consumer who receives home- and community-based services.

A CDAC provider must have the necessary training or experience to meet the needs of the consumer as outlined in the *HCBS Consumer-Directed Attendant Care Agreement*. This is determined by the targeted case manager or service manager for the non-skilled service component and by the licensed nurse or licensed therapist for the skilled component.

A proposed rate needs to be agreed upon between the consumer and provider and approved by the targeted case manager or service worker before services can be provided. This will be outlined on the *HCBS Consumer-Directed Attendant Care Agreement*.

A unit of service is either an hourly rate for services provided in a 1- to 7-hour time period OR a daily rate for services provided in an 8- to 24-hour time period.

As a CDAC provider, you are considered self-employed and responsible for payment of your own taxes (federal and state) and Social Security. For information on how to do this, contact your local Internal Revenue Service, your personal accountant or the person who prepares your income tax.

Enter date completed.

STEP 1: <u>Provider Enrollment</u>

__/__/__ A. Obtain a provider enrollment packet, including form 470-2917, *Medicaid HCBS Provider Application*, from ACS, the Medicaid fiscal agent.
Phone number 1-800-338-7909

__/__/__ B. Complete packet and return the required information to:
ACS Provider Enrollment
P.O. Box 14422
Des Moines, IA 50266-3422

C. ACS will then send forms to DHS.

__/__/__ D. Receive provider number and provider manual from ACS.

STEP 2: <u>HCBS Care Agreement</u>

__/__/__ A. Obtain form 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, from the targeted case manager or service worker.

__/__/__ B. Complete the form with consumer or the consumer's legal guardian. Make sure the consumer signs the form when it is completed. Keep a copy of the form.

C. The form requires verification that you have appropriate training and experience is present to provide services. Verification is provided by:
- The targeted case manager or service worker for the non-skilled component.
- The licensed nurse or therapist for the skilled component.

__/__/__ Date sent to worker.

__/__/__ Date authorization received from worker (case plan and *Notice of Decision*).

__/__/__ Send a copy of the form to licensed nurse or therapist for the skilled component.

STEP 3: <u>Billing</u>

__/__/__ A. Obtain form 470-2486, *Claim for Targeted Medical Care*, from ACS-Provider Relations (also in packet with provider number):
Phone Number 1-800-338-7909

B. Both the consumer or guardian and the provider must sign and date the claim form monthly, after services are provided.

C. Submit claims soon after the end of each month you provide services. You must complete the *HCBS Care Agreement*, be an enrolled provider, **AND** have services authorized by a DHS case plan **<u>before</u>** you can bill for services.

Procedure codes used for billing are:

- W1267 Individual: $12.33 per hour (1-7 hours, cannot exceed $71.40/day).
- W1268 Individual: $71.90 per day maximum (8-24 hours).

D. All providers are required to keep clinical and fiscal records to document the services that are provided. Refer to the ***Medicaid Provider Manual***, Chapter D, *General Program Policies*, page 10.

E. Contact ACS-Provider Relations with billing questions.