

IMPORTANT REMINDER THAT COULD AFFECT YOUR PROVIDER CERTIFICATION

The Alternatives for Adults with Physical Disabilities Medicaid Waiver (AAPD) provides attendant care services through self-direction or agency care.

Self-Direction: For a client to be eligible to self-direct, he or she must be capable of performing the tasks of an employer, as he or she will hire attendant care providers, subject to compliance with Medicaid provider enrollment requirements. An employer must be able to recruit, hire, train, manage and terminate his/her attendant care provider, as well as monitor the employee's timesheets and approve payment.

A legal representative (i.e. legal guardian, spouse or attorney-in-fact) may act on the client's behalf in the role of employer. An attorney-in-fact is a person exercising authority previously granted to him or her by the client under an established power of attorney instrument. The power of attorney must grant the attorney-in-fact, either directly or indirectly, authority to direct the client's care by recruiting, hiring, training, managing, terminating attendants, monitoring attendant service timesheets and approving payment.

A spouse, legal guardian or attorney-in-fact cannot also serve as the client's attendant caregiver under the AAPD program. In other words, if you are a client's legal guardian, spouse or acting on his or her behalf via an established power of attorney, then you cannot provide attendant care services to that client and DAAS will be unable to renew your provider certification for that client.

Agency Care: Agency care is performed by certified agencies that staff attendant care providers to work in the client's home. Any client who is unable to make his or her own decisions, cannot direct his or her own care and does not have a legal guardian or attorney-in-fact already established that grants authority to a person to direct the client's care is eligible for agency care only.

PLEASE NOTE:

This is not a change in any policy.

If you have any questions, please email to DAAS.provider@arkansas.gov.

CLIENT ELIGIBILITY TO SELF-DIRECT

This form must be completed in full for each client and included with your application. If the client has a legal representative who acts on his/her behalf, the DAAS Provider Certification Unit must be provided a copy of the court document/legal instrument that grants authority to another. Any omission will result in your application being returned for correction. Please make copies of this form, as needed.

Provider

Signature: _____

Date: _____

Client: _____

Medicaid # _____

Check
One:

_____ My client performs all employer tasks without assistance (recruiting, hiring, training, supervision, terminating, monitoring my timesheets and approving payment).

_____ A legal representative (i.e. legal guardian, spouse or attorney-in-fact) performs all employer tasks (recruiting, hiring, training, supervision, terminating, monitoring my timesheets and approving payment). **NOTE:** A copy of the court document/legal instrument granting legal authority to perform as employer must be attached to the application.

Name of Legal

Representative/Employer: _____

_____ I have attached the court document/legal instrument that grants authority to the individual listed above.

IF NEITHER STATEMENT APPLIES

Please contact the client's nurse immediately, so agency care can be arranged. Your client's eligibility to self-direct must be re-assessed before your certification application can be reviewed.