



Request for Participation: Attendant Compensation Rate Enhancement

The [Attendant Compensation Rate Enhancement](#) is a Texas Health and Human Services (HHS) program that allows additional payments for services delivered by non-medical attendants who care for Texas Medicaid recipients. If your agency employs non-medical attendants, you may be eligible to participate. If previously enrolled, you must attest to your participation or verify any changes each year by completing this form.

When is the form due?

We need to receive your form by Nov. 1st for you to be eligible for that year’s rate enhancement.

How do I submit the form?

Mail: UnitedHealthcare Community Plan
Attn: LTSS Provider Relations
14141 Southwest Freeway, Suite 500
Sugar Land, TX 77478

Email: uhc_cp_prov_relations@uhc.com
Fax: 855-500-3356

After we receive your form and confirm your participation in the program, we’ll update your UnitedHealthcare Community Plan Participation Agreement with the rate enhancement. If you have any questions, please call your Provider Advocate or call us at **888-787-4107**. Thank you.

I wish to participate in the Attendant Compensation Rate Enhancement program with UnitedHealthcare Community Plan.

Name: _____ Tax ID Number: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

National Provider Identification (NPI) Number: _____

Current Rate Enhancement Level: _____

Texas Department of Aging and Disability Services Contract Number: _____

This information is required by the state. You can learn more about the state guidelines on their [Attendant Compensation Rate Enhancement](#) website.

Please describe how you’ll tell your attendants they’ll receive the enhanced rate.

Example: Post a flyer or make an announcement in a team meeting.

Please describe how you’ll use the enhanced rate as a benefit for your attendants.

Example: Attendants will get a raise.

Signature: _____

Name: _____ Title: _____

Date: