

AUTHORIZATION FOR HOME AND COMMUNITY BASED SERVICES (HCBS) RATE AUGMENTATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADULT AND AGING SERVICES SFN 1741 (5-2024)

By accepting this authorization to provide services covered under HCBS Rate Augmentation the Provider agrees to provide services and/or goods in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Services Provider. If an authorization is for multiple providers, the 30 day total authorized units for an Aging Services HCBS eligible individual may not be exceed by the combined providers. Provider is responsible for maintaining the required documentation for authorized services, expenses, such as hours, supplies, or products rendered for goods and/or services provided. This authorization is time limited and is not a guarantee of payment of services. All claims for the HCBS Rate Augmentation Pilot must be verified and expended no later than March 31, 2025.

Medicaid Provider Number			Telephone Number	
Aging Services HCBS Eligibl	e Individual		Telephone Number	
Address		City	State ZIP Code	
Service to be Augmented		Authorization Begins	Authorization Ends	
otal Hours per Month	Month	Total Hours per Month	Month	
otal Hours per Month	Month	Total Hours per Month	Month	
ist and Provide a Descriptio	n of Tasks/Goods/Servic	ce to be Provided		
authorization Signature	S			
		HCBS Case Manager		
Authorization Signatures Aging Services Program Sta		HCBS Case Manager		

Requests for payment must be be received no later than 60 days from date of tasks/goods/services provided. Requests for payment must include SFN 53656, SFN 1741, SFN 1789, required supporting documentation such as an invoice, receipts and/or proof of hours.

Distribution:

Original: Qualified Services Provider

Copy: HCBS Participant, HCBS Case Manager, Aging Services Program Staff

The HCBS Rate Augmentation Program is funded with American Rescue Plan 9817 Funds.