



### 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.

#### When is the form due?

We need to receive your form by Dec. 1 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 800  
Sugar Land, TX 77478

**Email:** [uhc\\_cp\\_prov\\_relations@uhc.com](mailto: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: \_\_\_\_\_