



Frequently Asked Questions-CES Waiver Providers

How can I find out who my member's Care Coordinator is?

- To reach the care coordination department, please email carecoordination@empowerarkansas.com.

What services will the care coordinator assist with?

- Care coordinators assist with identification of resources, providers, submissions for adaptive equipment, environmental modifications, vehicle modifications, and specialized medical supplies.

Is the member's Person-Centered Service Plan (PCSP) the same thing as an authorization for services?

- No, the PCSP is not the authorization for services. An authorization must be submitted to UM directly from the provider with justification for the services.

What services require a prior authorization (PA)?

- Most home and community based services under the 1915(c) require a PA. 1 unit of consultation is made available annually without a PA for the purposes of participating in the PCSP meeting and developing an individualized service plan for the member.

How do I request a PA?

- Prior authorizations must be submitted to Empower via the provider portal at www.getempowerhealth.com, fax at 800-886-6839, or by phone at 855-429-1028.



How should I bill for supportive living?

- All Supportive Living services that the provider intends to bill must have a corresponding authorization. Up to 16 hrs per day can be billed for level 1 supportive living. Any additional hours must be billed as a different staffing ratio or as a level 2 service. Level 2 Supportive Living can be billed up to 24hrs per day.

What if the staffing ratio changes, what do I need to do?

- All units/services that the provider intends to bill for must have an authorization on file. If there are unforeseen changes to the staffing ratio during the authorization period, a request for additional units can be submitted for services. If there are adjustments needed to the current authorization, please contact the UM department to discuss changes that are needed for the authorization.

Are providers still able to submit using the member's waiver budget?

- No, review of waiver budgets sunset when the fee-for-service methodology was fully implemented on 7/1/20.

Are prior authorizations backdated?

- Not generally. Services should not be rendered until after an authorization of services has been approved via the UM process. Prior authorizations can be backdated up to 1 business day in specific urgent situations to be considered upon review.

Can prior auth requests be transferred between providers?

- No, prior auths are specific to the provider and the member. If a different provider is expecting to render services, a new PA request must be submitted to Empower with justification for the services being requested.

What documentation should I submit to Empower for review?

- There are a number of options for justification of services to include a functional assessment, a risk assessment, a psychological evaluation,



and/or a narrative detailing the reason for the request. Additional materials required include a service plan and the member's waiver schedule.

How do I submit for Non-Medical Transportation?

- A prior authorization is not required for transportation and should not be submitted in the portal as a request for authorization. A claim will need to be submitted for the number of miles/units that are needed for billing. For multi-member transportation (3-4), mileage will need to be divided between all of the members. **Example: If 4 members are being transported - then billed charges to Empower would be \$.13/mile per member per claim. (\$.51/4 members)**

How are administrative costs factored in for Supportive Living?

- Administrative costs are up to the agency as there is not an additional rate/code for this cost. For pass-through services, administrative fees must be submitted and approved with the initial authorization request and cannot be added later on the claim.

Does Empower pay for camps or other community programs?

- Empower covers camps and other community programs under Supportive Living H2016/UK Community. Companion and Activity Therapy is covered under Supportive Living H2016/UC. Services must be prior authorized.

How should Supported Employment be billed?

- Claims should be submitted to Empower weekly. All dates of service should be on one claim for the week of service.

How do I submit requests for adaptive equipment?

- If the item or modification is under \$1,000, the waiver provider can submit the request which should include a letter of need from a physician and/or clinical therapist, item description and invoice.
- If the item is over \$1,000, this will require 3 bids.



How are requests for environmental and vehicle modifications submitted?

- If you have a request for modifications, please contact the member's care coordinator to assist.

Can I bill for supportive living staff to be at the hospital or other appointments with the member.

- Reimbursement for supportive living services while the member is in a hospital or other medical appointments must be considered appropriate and necessary. Documentation that indicates why the staff is needed during that time as well as activities/interventions being conducted by the staff must be kept in the member's file. All services conducted are subject to retrospective review.

Where can I find information about Empower's rates and other information for DD providers?

- Information for providers can be found on the Empower website under provider forms and resources.

Are there provider educational opportunities?

- The Provider Portal: Prior Authorization and Claims training can be presented upon request. Providers can access previous trainings or register for other trainings at Provider Training