



## Notice Regarding Authorized Hours- Consumer

As a Consumer of the CDS program, I acknowledge the following:

1. MO Medicaid determines how many hours I am authorized for.
2. Advantage (vendor) will explain my care plan to me in depth and will counsel me on how the hours are best distributed over the course of the month, including transportation.
3. I understand that it is MY responsibility as the Consumer to ensure that my attendant is following my care plan and does not work over the authorized hours for the month.
4. **I understand that Advantage only authorizes my attendant to work up to the total authorized hours and nothing more.**
5. I understand that the timesheet provided to my attendant will be specific to my Care Plan and will very clearly state how many hours to work per day in order to stay in compliance.
6. I understand that Advantage has the right to question or deny timesheets that are submitted that do not follow the care plan and/or are suspicious for fraud.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_