

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

December 16, 2011

Our Reference: SPA-AR-11-10

Dr. Andrew Allison
State Medicaid Director
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-10. Effective October 1, 2012, the Arkansas Title XIX the State plan was amended to implement a conflict free case management services. The State limits the amount of Targeted Case Management (TCM) services that a beneficiary may receive annually. A small population of clients transitioning into the community from nursing facilities is made eligible for services through this amendment.

This amendment implements two fee for service rates for TCM. In year one of providing this service, a TCM provider will be paid differently than in year two and beyond. A higher rate is paid initially to reimburse certain overhead costs

Transmittal Number 11-10 is approved with an effective date of October 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 11-10 dated September 19, 2011 is enclosed along with the approved plan pages.



If you have any questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

for Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2011-010	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$2,933,380 b. FFY 2014 \$5,411,479	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Please see attached listing		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Please see attached listing	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to implement a conflict-free case management, adds a small population of clients transitioning into the community from nursing facilities and revises the current reimbursement methodology for targeted case management beneficiaries age 60 and older.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards	
13. TYPED NAME: Eugene I. Gessow		17. DATE RECEIVED: 19 September, 2011 18. DATE APPROVED: 16 December 2011 PLAN APPROVED - ONE COPY ATTACHED	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: September 19, 2011			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2011-010**

**8. Number of the Plan
Section or Attachment**

Supplement 1 to Attachment 3.1-A, Page 3

Supplement 1 to Attachment 3.1-A, Pages 4 & 5

Supplement 1 to Attachment 3.1-A, Page 6

Supplement 1 to Attachment 3.1-A, Page 7

Supplement 1 to Attachment 3.1-A, Pages 7a & 7aa

Attachment 4.19-B, Page 7

Attachment 4.19-B, Page 7.1

**9. Number of the Superseded Plan
Section or Attachment**

Supplement 1 to Attachment 3.1-A, Page 3
Approved 03-04-92, TN 92-05

Supplement 1 to Attachment 3.1-A, Pages 4 & 5
Approved 08-20-92, TN 92-29

Supplement 1 to Attachment 3.1-A, Page 6
Approved 09-16-93, TN 93-28

Supplement 1 to Attachment 3.1-A, Page 7
Approved 03-04-92, TN 92-05

None, New Pages

Attachment 4.19-B, Page 7
Approved 12-11-91, TN 91-31

None, New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES

[Target Group]

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

Targeted Populations:

Effective October 1, 2012, the following TCM program will be phased in over a 12 month period. Full implementation will be completed no later than October 1, 2013.

TCM services, when prescribed by a physician or other medical professional designated by the Division of Medical Services, are available to beneficiaries age 60 and older, including individuals participating in the ElderChoices 1915 (c) waiver, who:

- have limited functional capabilities in two or more ADLs or IADLs, resulting in a need for coordination of multiple services and/or other resources; OR
• are in a situation or condition which poses imminent risk of death or serious bodily harm and one who demonstrates the lack of mental capacity to comprehend the nature and consequences of remaining in that situation or condition.

X Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution for individuals age 21 and over transitioning from an institution to a community setting. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- x Entire State
Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
x Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services.

SUPERSEDES: TN- 92-05

STATE ARKANSAS
DATE REC'D 9-19-11
DATE APP'VD 12-16-11
DATE EFF 10-1-12
HCFA 179 11-10

State Agency

STATE	Arkansas
DATE REC'D	9-19-11
DATE APPV'D	12-16-11
DATE EFF	10-1-12
HCFA 179	11-10

A

Revised:

Supplement 1 to Attachment 3.1-A

Page 4

October 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES

[Target Group]

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Assessments/Reassessments are required, at least, annually.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

Care Plans must be renewed, at least, annually.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 1. services are being furnished in accordance with the individual's care plan;
 2. services in the care plan are adequate; and
 3. changes in the needs or status of the individual are reflected in the care plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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TARGETED CASE MANAGEMENT SERVICES [Target Group]

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers, according to established program guidelines.

The maximum units allowed for this service may not exceed four (4) units per monitoring visit.

Monitoring visits may be as frequent as necessary, within established Medicaid maximum allowable limitations.

Monitoring is allowed through regular contacts with service providers at least every other month to verify that appropriate services are provided in a manner that is in accordance with the service plan and assuring through contacts with the beneficiary, at least monthly, that the beneficiary continues to participate in the service plan and is satisfied with services.

Face to face monitoring contacts must be completed as often as deemed necessary, based on the professional judgment of the TCM, but no less frequent than established in Medicaid TCM program policy.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management represents conflict-free case management. Agencies providing TCM are prohibited from providing other direct care in-home services (waiver and/or state plan) to individuals. Case management providers are organizations not related to any direct care in-home service provider for the targeted populations.

A related organization (includes individuals, partnerships, corporations, etc.) where the provider is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities or supplies. Common ownership exists when an entity, individual or individuals possess 5% or more ownership or equity in the provider and the institution or organization serving the provider. Control exists where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

Case management providers meeting the above requirement must be certified by the Division of Aging and Adult Services on an annual basis, unless approved otherwise by the Division of Medical Services, based on performance evaluations or other approved data.

SUPERSIDES: TFL 92-29

STATE ARKANSAS
DATE REC'D 9-19-11
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES
[Target Group]

The TCM provider must be located in the state of Arkansas and meet the following qualifications:

- A. Be a government agency; or
- B. Federally Qualified Health Center enrolled as an FQHC in the Arkansas Medicaid FQHC Program; or
- C. Rural Health Clinic enrolled as an RHC in the Arkansas Medicaid RHC Program

OR

- D. Be an agency that has been in business for a minimum of five years that:
 - a. Is able to demonstrate one year of experience in performing case management services (experience must be within the past 3 years);
 - b. Be able to demonstrate one year of experience in working specifically with individuals in the targeted group (experience must be within the past 3 years);
 - c. Have an administrative capacity to insure quality of services in accordance with state and federal requirements;
 - d. Have the financial management capacity and system that provides documentation of services and costs;
 - e. Have the capacity to document and maintain individual case records in accordance with state and federal requirements;
 - f. Be able to demonstrate that the provider has current liability coverage, and
 - g. Employ qualified case managers who must:
 - 1. Reside in the area of responsibility; and
 - 2. Be licensed in the state of Arkansas as a social worker (Licensed Master Social Worker or Licensed Social Worker), a registered nurse or a licensed practical nurse; or
 - 3. Have a bachelor's degree from an accredited institution in a health and human services field, plus two years experience in the delivery of human services to the elderly.

SUPERSEDES: TEL- 93-28

STATE	<u>ARKANSAS</u>
DATE REC'D	<u>9-19-11</u>
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HCFA 179	<u>11-10</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES

[Target Group]

NOTE: If the TCM provider can provide evidence showing at least 2 attempts at employing Targeted Case Managers who meet the qualifications shown above, but due to factors beyond their control, their attempts have been unsuccessful, the following will be considered and must be approved by the Division of Aging and Adult Services or the Division of Medical Services:

- 4. Case managers who have performed satisfactorily as a case manager serving the targeted population for a period of three (3) years.

Targeted Case Management providers must maintain the following staff, at a minimum, per 60 active TCM cases:

- One case management supervisor
- One case manager
- One case aide

Note: The case manager/client ratio of 1:60 includes the provision of case management services to waiver, non-waiver beneficiaries or a combination of the two.

A copy of the current certification must accompany the provider application and Medicaid contract.

Freedom of choice (42 CFR 441.18(a)(1):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

SUPERSEDES: TEL 92-05

STATE	ARKANSAS
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DATE EFF	10-1-12
HCFA 179	11-10

State Agency

STATE	ARKANSAS
DATE REC'D	9-19-11
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Revised:

Supplement 1 to Attachment 3.1-A

Page 7a

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES

[Target Group]

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

N/A Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

At a minimum, providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

TARGETED CASE MANAGEMENT SERVICES

[Target Group]

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

In addition, TCM services are limited to a maximum of 60 hours (240 15-minute units) per SFY.

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SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 7

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: October 1, 2012

19. Case Management Services

A. Pregnant Women

Reimbursement is a fee for service. Refer to Item 20.b. for detailed information.

STATE	Arkansas
DATE REC'D	9-19-11
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SUPERSEDES: TN- 91-31

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

October 1, 2012

20. Case Management Services (continued)

B. Persons Sixty years of Age and Older

Effective October 1, 2012, the following TCM program will be phased in over a 12 month period. Full implementation will be completed no later than October 1, 2013.

TCM services, when prescribed by a physician or other medical professional designated by the Division of Medical Services, are available to beneficiaries age 60 and older, including individuals participating in the ElderChoices 1915 (c) waiver, who:

- have limited functional capabilities in two or more ADLs or IADLs, resulting in a need for coordination of multiple services and/or other resources; OR
- are in a situation or condition which poses imminent risk of death or serious bodily harm and one who demonstrates the lack of mental capacity to comprehend the nature and consequences of remaining in that situation or condition.

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure. Case management services are billed on a per unit basis. One unit equals 15 minutes.

The agency's targeted case management fee schedule rates were set as of March 1, 2008 and are effective for services on or after that date. All targeted case management fee schedule rates are published on the agency's website (www.medicaid.state.ar.us). A uniform rate for these services is paid to all governmental and non-governmental providers unless otherwise indicated in the state plan.

Cost per 15 minute unit = \$10.60 – First year of provider participation

Cost per 15 minute unit = \$9.76 – Beginning second year of provider participation

SUPERSEDES: NONE - NEW PAGE

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HCFA 179	11-10

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, January 10, 2012 11:40 AM
To: CMS SPA
Cc: Sampson, Tamara L. (CMS/CMCHO); Cano, Margaret R. (CMS/SC); Guy, Jimmy L. (CMS/SC); Seng, Suzette (CMS/SC); 'LeAnn Edwards'; 'Becky Murphy'; Cieslicki, Mary E. (CMS/CMCS); Resler, Christopher M. (CMS/CMCS)
Subject: Approval for AR 11-10
Attachments: Final Approval Pkg for 11-10.pdf; final AR1110APPROVAL.doc

See Attached. SPW has been updated.

State: Arkansas

Brief Description: The plan amendment was amended to prevent providers from self-referring clients to TCM services for beneficiaries age 60 and older with limited functional capabilities and at risk for institutionalizations. A small population of clients transitioning into the community from nursing facilities is made eligible for services through this SPA.

Approval Date: December 16, 2011

Effective Date: 1 October, 2012

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 443-380-6499 // marsha.marks@cms.hhs.gov

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