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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-02

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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

April 26, 2012

Our Reference: SPA-AR-12-02

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 12-02. Effective October 1, 2012, the Arkansas Title XIX State Plan will provide for payment of Medicaid personal care services in assisted living facilities on a per diem basis. Formerly, the State paid for these same services using 15 minute increments. The intent is to maintain the same level of support while simplifying the billing process for providers.

Transmittal Number 12-02 is approved with an effective date of October 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-02 dated February 2, 2012 is enclosed along with the approved plan pages.



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

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2012-002	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October 1, 2012	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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: CFR 42 §447.272		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$-0- b. FFY 2013 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 10aa Attachment 4.19-B, Page 13		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 10aa, Approved 08-27-09, TN 09-08 Attachment 4.19-B, Page 13, Approved 08-27-09, TN 09-08	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to allow assisted living facilities to bill for Medicaid personal care services with the same reimbursement methodologies as residential care facilities.			
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: Andrew Allison, PhD			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: February 2, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 2 February, 2012		18. DATE APPROVED: 26 April 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2012		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2012

CATEGORICALLY NEEDY

26. Personal Care

- A. Personal care services are provided by a personal care aide to assist with a client's physical dependency needs. The personal care aide must have at least 24 hours classroom training and a minimum of supervised practical training of 16 hours provided by or under the supervision of a registered nurse for a total of no less than 40 hours.
- B. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are -
1. Authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the State) otherwise authorized for the individual in accordance with a service plan approved by the State;
 2. Provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and
 3. Furnished in a home, and at the State's option, in another location, including licensed residential care facilities and licensed assisted living facilities.
- C. The State defines "a member of the individual's family" as:
1. A spouse,
 2. A minor's parent, stepparent, foster parent or anyone acting as a minor's parent,
 3. A minor's "guardian of the person" or anyone acting as a minor's "guardian of the person" or
 4. An adult's "guardian of the person" or anyone acting as an adult's "guardian of the person".
- D. Personal care services are covered for categorically needy individuals only.
- E. Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs.
1. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services).
 2. The tasks the aide performs are similar to those that a nurse's aide would normally perform if the client were in a hospital or nursing facility.
- F. Prior authorization is required for personal care for beneficiaries under age 21.
- G. Effective for dates of service on or after April 1, 2002, for services beyond 64 hours per calendar month per beneficiary aged 21 or older, the provider must request a benefit extension. Extensions of the personal care benefit will be provided for beneficiaries aged 21 and older when extended benefits are determined to be medically necessary.

SUPERSEDES: TN- 09-08

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>2-2-12</u>	
DATE APPV'D	<u>4-26-2012</u>	
DATE EFF	<u>10-1-12</u>	
MSFA 179	<u>12-02</u>	

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

Revised: October 1, 2012

5. Personal care furnished in accordance with the requirements at 42 CFR §440.167 and with regulations promulgated, established and published for the Arkansas Medicaid Personal Care Program by the Division of Medical Services.
- (a) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of personal care services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid website at www.medicaid.state.ar.us.
 - (b) Reimbursement for Personal Care Program Services is by fee schedule, at the lesser of the billed charge or the Title XIX (Medicaid) maximum allowable fee per unit of service. Effective for dates of service on and after July 1, 2004, one unit equals fifteen minutes of service.
 - (c) Effective for dates of service on and after July 1, 2007, reimbursement to enrolled Residential Care Facilities (RCFs) for personal care services furnished to Medicaid eligible residents (i.e., clients) is based on a multi-hour rate system not to exceed one day, based on the individual clients' levels of care. A client's level of care is determined from the service units required by his or her service plan. Rates will be recalculated as needed to maintain parity with other Personal Care providers when revisions of the Title XIX maximum allowable fee occur. The effective date of any such revised rates shall be the effective date of the revised fee.
 - (d) **Reimbursement to enrolled Assisted Living Facilities (ALF) for personal care services furnished to Medicaid eligible residents (i.e., clients) is based on a multi-hour rate system not to exceed one day, based on the individual clients' level of care. A client's level of care is determined from the service units required by his or her service plan. Rates will be recalculated as needed to maintain parity with other Personal Care providers when revisions of the Title XIX maximum allowable fee occur. The effective date of such revised rates shall be the effective date of the revised fee.**
 - (e) Agencies rates are set as of July 1, 2009 and are effective for services on or after that date.

SUPERSEDES: TN- 09-08

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>2-2-12</u>	
DATE APPV'D	<u>4-26-2012</u>	
DATE EFF	<u>10-1-12</u>	
NO. FA 179	<u>12-03</u>	