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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 15-0004

This file contains the following documents in the order listed:

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

November 19, 2015

Ms. Dawn Stehle
Arkansas Medicaid Director
700 Main Street,
PO Box 1437
Little Rock, Arkansas 72203-1437

RE: AR SPA #15-004 TCM Services (waiver name change)

Dear Ms. Stehle:

We have reviewed the Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) AR 15-0004, and response to our request for additional information. This amendment is being submitted to change the name of existing waivers that include Targeted Case Management (TCM) care to new "ARChoices" waiver.

Based on the information submitted, we have approved the amendment AR 15-0004 for incorporation into the official Arkansas State Plan with an effective date change of January 1, 2016. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,



Bill Brooks
Associate Regional Administrator

cc: Seth Blomeley
Camille Johnson
Craig Cloud

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:

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 as well as beneficiaries age 21 and older with a physical disability or aged 65 and older who participate in the ARChoices In Homecare (ARChoices) 1915(c) waiver program 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.

Case-management services will be made available for up to 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):

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.

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.

State: Arkansas
 Date Received: 01 Sept, 2015
 Date Approved: 19 Nov, 2015
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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.

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)):

Case management providers 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.

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TARGETED CASE MANAGEMENT SERVICES

[Target Group] In order to be certified by the Division of Aging and Adult Services, the provider must meet the following qualifications:

- A. Be located in the state of Arkansas
- B. Be licensed as a Class A or Class B Home Health Agency by the Arkansas Division of Health, or a unit of state government or an agency **or be a private public incorporated agency whose stated purpose is to provide case management to the elderly or those adults with physical disabilities.**
- C. Is able to demonstrate one year of experience in performing case management services (experience must be within the past 3 years);
- D. 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);
- E. Have an administrative capacity to insure quality of services in accordance with state and federal requirements;
- F. Have the financial management capacity and system that provides documentation of services and costs;
- G. Have the capacity to document and maintain individual case records in accordance with state and federal requirements;
- H. Be able to demonstrate that the provider has current liability coverage, and
- I. Employ qualified case managers who must:
 - 1. Reside in or near 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 **or Licensed Certified 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.
 - 4. Have performed satisfactorily as a case manager serving the targeted group for a period of two (2) years (experience must be within the past 3 years).

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

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

Revised: January 1, 2016

1. Case Management Services (continued)
 - B. Persons Sixty years of Age and Older

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 **as well as beneficiaries age 21 and older with a physical disability or aged 65 and older who participate** in the **ARChoices In Homecare (ARChoices) 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 October 1, 2012 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 = \$7.50

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