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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 15-0010

This file contains the following documents in the order listed:

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

December 7, 2015

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

RE: AR SPA #15-0010

Dear Ms. Stehle:

We have reviewed the Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) AR 15-0010, which is being submitted to change the contact name for the state Medicaid Program Integrity to Medicaid Inspector General.

Based on the information submitted, we have approved the amendment AR 15-0010 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,

[redacted]

Bill Brooks
Associate Regional Administrator

cc: Seth Blomeley
Camille Johnson

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: 2015-010	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 January 1, 2016	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ 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 2016 $ 0 b. FFY 2017 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Attachment 3.1-A, Pages 3 & 4 Attachment 4.42-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Same, Approved 08-02-12, TN 12-09 Same, Approved 05-13-08, TN 07-07

10. SUBJECT OF AMENDMENT:
The Arkansas Title XIX State Plan has been amended to change the name from Program Integrity to Office of the Medicaid Inspector General.

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Seth Blomeley
13. TYPED NAME: Dawn Stehle	
14. TITLE: Director, Division of Medical Services	
15. DATE SUBMITTED: September 29, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 September, 2015	18. DATE APPROVED: 7 December, 2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2016	20. SIGNATU[redacted]FICIAL:
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

OMB Approved 0938-1024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **ARKANSAS**

1915(j) Self-Directed Personal Assistance Services (Continued)

vi. Involuntary Disenrollment

A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to traditional service delivery model are noted below.

Participants may be disenrolled for the following reasons:

1. Health and Welfare: Any time DAAS feels the health and welfare of the participant is compromised by continued participation in the IndependentChoices Program, the participant may be returned to the traditional personal care program. Prior to this point the counselor has worked with the participant offering suggestions, identifying or changing representatives or employees to better meet the needs of the consumer, making in-home visits as needed by APS or HCBS RNs, and working to resolve these concerns. If no resolution is available, meeting the participant's health and well-being needs is of most importance; including referral back to the traditional model.

2. Change in Condition: Should the participant's cognitive ability to direct his/her own care diminish to a point where the participant can no longer self-direct and there is no responsible representative available to direct the care the counselor will seek out sources of support. If no resources are available, the IndependentChoices case will be closed. The participant will be informed of the pending closure by letter. The letter will include a list of traditional personal care agencies serving the participant's area. If the participant is also a 1915(c) waiver recipient, an e-mail will be auto generated to the HCBS RN or targeted case manager. The e-mail to the HCBS RN or targeted case manager is auto generated and populated with the appropriate names once a closure date is entered in the database. The e-mail will inform the HCBS RN or targeted case manager of the pending closure of the IndependentChoices case necessitating a change in the HCBS service plan. Within five days of sending the letter the counselor will follow up with the participant to determine which agency the participant may wish to choose. The counselor will coordinate the referral with the agency provider. However, if the participant declines agency services, the counselor will respect the choice made by the participant. The participant may choose to have their needs met by informal caregivers.

3. Misuse of Allowance: A notice will be issued should the participant or the representative who manages their cash allowance: 1) fail to pay related state and federal payroll taxes; 2) use the allowance to purchase items unrelated to personal care needs; 3) fail to pay the salary of a personal assistant; or 4) misrepresent payment of a personal assistant's salary. The counselor will discuss the violations with the participant and allow the participant to take corrective action including restitution if applicable. The participant will be permitted to remain in the program, but will be assigned to the fiscal intermediary, who will provide maximum bookkeeping support and services. The participant or representative will be notified that further failure to follow the expenditure plan will result in disenrollment and a report filed with **Office of Medicaid Inspector General** when applicable.

State: Arkansas
Date Received: 29 September, 2015
Date Approved: 7 December, 2015
Date Effective: 1 January, 2016
Transmittal Number: 15-0010

OMB Approved 0938-1024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **ARKANSAS**

1915(j) Self-Directed Personal Assistance Services (Continued)

vii. Involuntary Disenrollment (Continued)

Should an unapproved expenditure or oversight occur a second time, the participant/ representative will be notified that their IndependentChoices case is being closed and the participant is being returned to traditional personal care. **Office of Medicaid Inspector General** is informed of situations as required. The State will assure interruption of services will not occur while the participant is transitioning from IndependentChoices to traditional services.

4. Underutilization of Allowance: The fiscal intermediary is responsible for monitoring the use of Medicaid funds received on behalf of the participant. If the participant is underutilizing the allowance and not using the allowance according to their cash expenditure plan, the fiscal intermediary will inform the counseling entities through quarterly reports and monthly reports upon request. The counselor will discuss problems that are occurring with the participant and their support network. Together the parties will resolve the underutilization. The counselor will continue to monitor the participant's use of their allowance through both reviewing of reports and personal contact with the participant. If a pattern of underutilization continues to occur, future discussions will focus on what is in the best interest of the participant in meeting their ADLs even if the best solution is a return to agency services. Unused funds are returned to the Arkansas Medicaid program within 45 days upon disenrollment. Funds accrued in the absence of a savings plan will be returned to the Arkansas Medicaid program within a twelve month filing deadline. Exceptions to involuntary disenrollment may be considered if the participant has been hospitalized for an extended period of time or has had a brief visit out of state with approval by the participant's physician. Person-centered planning allows the flexibility of decision making based on individual needs that best meet the needs of the participant.

5. Failure to Assume Employer Authority: Failure to Assume Employer Authority occurs when a participant fails to fulfill the role of employer and does not respond to counseling support. Participants who fail in their employer responsibilities but do not have a representative will be given the opportunity to select a representative who can assume employer responsibilities on behalf of the participant. Disenrollment will not occur without guidance and counseling by the counselor or by the fiscal intermediary. When this occurs, the counselor will coordinate agency personal care services to the degree requested by the participant. The participant may wish to self-advocate from a list provided by the counselor, ask the counselor to coordinate, or may simply wish to receive personal assistance services informally. The participant's wishes will be respected.

A. The State will provide the following safeguards to ensure continuity of services and assure participant health, safety and welfare during the period of transition between self-directed and traditional service delivery models.

State: Arkansas
Date Received: 29 September, 2015
Date Approved: 2 December, 2015
Date Effective: 1 January, 2016
Transmittal Number: 15-0010

Revised: **January 1, 2016**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

Methodology of Compliance Oversight Regarding False Claims Act

The State will ensure an entity's compliance with section 1902(a)(68) of the Act using the following methodology of compliance oversight:

(a) An entity as defined by section 1902(a)(68) of the Act must submit a Certification of Compliance with Employee Education About False Claims Recovery to the **Office of the Medicaid Inspector General (OMIG).**

OMIG will identify the entity or entities covered under 1902(a)(68) of the Act, which covers any entity receiving five million dollars or more for the federal fiscal year (FFY). The state plans to mail out the initial Certification request for calendar years 2007 and 2008 no later than May 31, 2008. The request will explain that compliance is mandatory. Identified entities will have one month (from the date the entity receives the Certification request) to comply with the request for calendar years 2007 and 2008.

The certification will not be specific to a single fiscal year. The certification is an attestation stating that the entity is in compliance with section 1902(a)(68). Following the initial determination for certification, the **OMIG** will review and compile any new information concerning any new entities meeting the threshold requirement for inclusion under this provision by December thirty-first (31) of each year. **OMIG** will then notify each entity of their responsibilities regarding false claims education. Entities will have one month thereafter to comply with the request. **OMIG** will validate the attestation on a sample basis each year. The false claims education requirement will be incorporated into **OMIG's** review program.

(b) This Certification will state that the entity:

(1) Has written policies that include detailed information about the False Claims Act and other provisions named in section 1902(a)(68)(A); and

(2) The policies include:

i. The entity's policies and procedures for detecting and preventing waste, fraud, and abuse; and
ii. A specific discussion of the laws described in the written policies; and
iii. A specific discussion of the rights of employees to be protected as whistleblowers; and

(3) The policies are readily available, in paper or electronic form, to all employees, contractors, or agents.

(4) The false Claims policy must be added to the provider's employee handbook if the provider has such a handbook. Employee handbooks will be reviewed for compliance as part of an audit by **OMIG.**

(5) Review for compliance will begin by **OMIG** staff July 1, 2008.

(c) As part of a **OMIG** Review, the **OMIG** will include additional procedures to ensure compliance with section 1902(a)(68). The procedures will include a review of the entity's written policies according to the terms of the Certification described in paragraph (b).

State: Arkansas
Date Received: 29 September, 2015
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