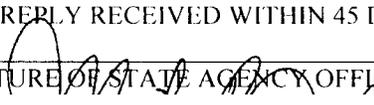
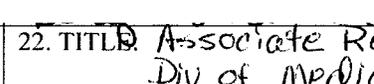


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  2009-008	2. STATE  ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  July 1, 2009	
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:  447.272		7. FEDERAL BUDGET IMPACT: a. FFY 2009                      \$ 2,546,306.00 b. FFY 2010                      \$10,229,507.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 10 Attachment 3.1-A, Page 10aa Attachment 4.19-B Page 13		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Same, Approved 8-12-97, TN 97-03 Same, Approved 09-23-08, TN 08-13 Same, Approved 09-23-08, TN 08-13	
10. SUBJECT OF AMENDMENT:  The Arkansas Title XIX State Plan has been amended to increase the Medicaid maximum 15 minute unit reimbursement rate for certain personal care services.			
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: Carolyn Patrick	
13. TYPED NAME: Mike R. Jeffus		14. TITLE: Director, Division of Medical Services	
15. DATE SUBMITTED: May 29, 2009		15. DATE SUBMITTED: May 29, 2009	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 29 May, 2009		18. DATE APPROVED: 27 August, 2009	
ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

STATE: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

\_\_\_\_\_ provided  X  not provided

26. 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 (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X  Provided:  X  State Approved (Not Physician) Service Plan Allowed  
 X  Services Outside the Home Also Allowed  
 X  Limitations Described on Attachment

\_\_\_\_\_ Not Provided.

SUPERSEDES: IFL 97-03

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-29-09</u>	
DATE APP'VD <u>8-27-09</u>	
DATE EFF. <u>7-1-09</u>	
HCFA 179 <u>09-08</u>	

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2009

CATEGORICALLY NEEDY

- I. 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 facility.**
  - 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- 08-13

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>5-29-09</u>	
DATE APP'VD	<u>8-27-09</u>	
DATE EFF	<u>7-1-09</u>	
HGTA 179	<u>09-08</u>	

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

Revised: July 1, 2009

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](http://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) Agencies rates are set as of **July 1, 2009** and are effective for services on or after that date.

SUPERSEDES: TN- 08-13

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-29-09</u>	
DATE APP'VD <u>8-27-09</u>	
DATE EFF <u>7-1-09</u>	
HCFA 179 <u>09-08</u>	