DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	2009-013	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 November 1, 2009		
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 AME	NDMENT (Separate Transmittal for each	n amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (At	,	
42 CFR 440.180		-0- -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	EDED PLAN SECTION	
Supplement 4 to Attachment 3.1-A, Page 1	Same, Approved 03-28-08, TN 07-23		
10. SUBJECT OF AMENDMENT:			
The Arkansas Title XIX State Plan has been amended to add Homemake beneficiaries.	er Services to the list of self-directed service	ces for IndependentChoices	
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 SPEC	CIFIED:	
12. AL:	16. RETURN TO:	······································	
	Division of Medical Services		
13. TYPED NAME:	PO Box 1437, Slot S295		
Mike R. Jeffus 14. TITLE:	Little Rock, AR 72203-1437		
Director, Division of Medical Services	Attention: LeAnn Edwards		
15. DATE SUBMITTED:	Attention. LeAnn Edwards		
July 30, 2009 FOR REGIONAL OI	FRICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:		
30 July, 2009	26 October, 2	009	
PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:		FICIAL:	
19. EFFECTIVE DATE OF APPROVED MATERIAL:			
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Admir Division of Medicaid & C	histrator hildren's Health	
23. REMARKS:			
	A A A A A A A A A A A A A A A A A A A		

Supplement 4 to Attachment 3.1-A Page 1 November 1, 2009

OMB Approved 0938-1024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

1915(j) Self-Directed Personal Assistance Services

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

- A. \underline{X} In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 24 of the Medicaid State Plan.
- B. \underline{X} In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.
- ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

- A. \underline{X} State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B. X Services included in the following Section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

 ElderChoices – Adult Companion Services
ElderChoices – Homemaker Services

- iii. Payment Methodology
 - A. The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.

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STATE ArkansAS	1 1
DATE REC'D 7-30-09	
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DATE APPV'D 10-26-09	
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Division of Medicaid & Children's Health, Region VI

October 26, 2009

Our Reference: SPA AR 09-13

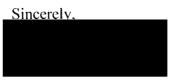
Mr. Roy Jeffus, Director Division of Medical Services Arkansas Department of Human Services Post Office Box 1437 Little Rock, Arkansas 72203-1437

Dear Mr. Jeffus:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number 09-13 dated July 30, 2009. This amendment adds homemaker services to the list of self-directed services for Independent Choices Waiver beneficiaries.

Based on the information submitted, we have approved the amendment for incorporation into the official Arkansas State Plan with an effective date of November 1, 2009. Enclosed is a copy of the signed CMS-179 and approved plan page(s).

If you have any questions, please contact Scott Harper at (214) 767-6564.



Bill Brooks Associate Regional Administrator

Enclosures