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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 17-0009

This file contains the following documents in the order listed:

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

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

October 27, 2017

Our Reference: SPA AR 17-009

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas State Plan Amendment (SPA) No. 17-009, with an effective date of January 1, 2018. This amendment was submitted to revise state plan language for specific state plan pages where references to "mentally retarded" are replaced with "individuals with intellectual disabilities."

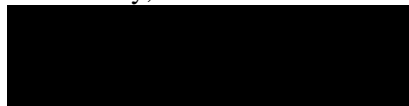
This letter affirms that AR 17-09 is approved effective January 1, 2018 as requested by the State.

We are enclosing the CMS-179 and the following amended plan page:

- Attachment 3.1-A, Page 10aa

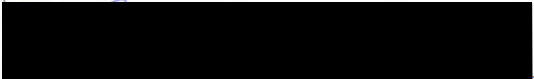

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Erick Carrera, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2017-009	2. STATE ARKANSAS
F 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 January 1, 2018	
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: 42 CFR 440.167	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$-0- b. FFY 2019 \$-0-		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 10aa	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 10aa, Approved 04-26-12, TN 12-02		
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to change reference from "mentally retarded" to "individuals with intellectual disabilities".			
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: Brad Nye		
13. TYPED NAME: Rose M. Naff	14. TITLE: Director, Division of Medical Services		
15. DATE SUBMITTED: October 3, 2017	17. DATE RECEIVED: 3 October, 2017		
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: 27 October, 2017		19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2018	
20. SIGNATURE: 		21. TYPED NAME: Bill Brooks	
22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health		23. REMARKS:	

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2018

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 **individuals with intellectual disabilities**, or institution for mental disease that are –
 - 1. 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 **pursuant to the Independent Assessment** for all beneficiaries.

State: Arkansas
Date Received: 3 October, 2017
Date Approved: 27 October, 2017
Effective Date: 1 January, 2018
Transmittal Number: 17-09