

## **Table of Contents**

**State/Territory Name: AR**

**State Plan Amendment (SPA) #: 20-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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April 27, 2020

Janet Mann, Director  
Arkansas Department of Human Services  
Division of Medical Services  
Office of Rules Promulgation  
P.O. Box 1437, Slot S295  
Little Rock, AR 72203-1437

Dear Ms. Mann:

On March 27, 2020, the Centers for Medicare & Medicaid Services (CMS) received Arkansas' State Plan Amendment (SPA) transmittal #20-0011, which establishes new provider qualification requirements for targeted case managers in ARChoices Personal Care.

Based upon the information received, we are now ready to approve SPA #20-0011 as of April 23, 2020, with an effective date of July 1, 2020, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Arkansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925.

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 1 1

2. STATE

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

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 2021 \$ 0b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Att. 3.1-A, Page 5

Supplement 1 to Att. 3.1-A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Same, Approved 11/19/15; TN AR 15-0004

Same, Approved 11/19/15; TN AR 15-0004

10. SUBJECT OF AMENDMENT

Sup. 1 to Att. 3.1-A, Page 5 is revised to show that case management providers must now be certified by the Division of Provider Services and Quality Assurance. Sup. 1 to Att. 3.1-A, Page 6 is revised to reflect the participation requirements for providers of TCM that are listed in the TCM Medicaid Provider Manual.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Janet Mann14. TITLE  
Director, Division of Medical Services15. DATE SUBMITTED  
03/26/2020

16. RETURN TO

Office of Rules Promulgation  
PO Box 1437, Slot S295  
Little Rock, AR 72203-1437

Attn: Jack Tiner

**FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED  
03/26/202018. DATE APPROVED  
04/23/2020**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL  
07/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
James G. Scott22. TITLE  
Director, Division of Program Operations

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State/Territory: ARKANSAS**

**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 **Provider Services and Quality Assurance** on an annual basis, unless approved otherwise by the Division of Medical Services, based on performance evaluations or other approved data.



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT****State/Territory: ARKANSAS****TARGETED CASE MANAGEMENT SERVICES****[Target Group]**

In order to be certified by the Division of **Provider Services and Quality Assurance**, 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 or Private Care Agency by the Arkansas Department of Health or a unit of state government or be a private or public incorporated agency whose stated purpose is to provide case management to the elderly or 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 **reside in or near the area of responsibility and who meet at least one of the following qualifications:**
  - 1. **Licensed in the state of Arkansas as a social worker (Licensed Master Social Worker or Licensed Certified Social Worker), a registered nurse, or a licensed practical nurse;**
  - 2. **Have a bachelor's degree from an accredited institution in a health and human services or related field; or**
  - 3. **Have two years' experience in the delivery of human services, including without limitation having performed satisfactorily as a case manager for a period of two years (experience must be within the past three years).**

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