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**26100      Aging and Adult Services Waivers      04-01-03**

The Division of Aging and Adult Services (DAAS) sponsors home and community based Waiver programs providing non-institutional long term care services to individuals as an alternative to institutionalization in a long term care facility. Individuals eligible for DAAS Waiver services must be potentially eligible for admission to a long term care facility and must require an Intermediate Level of Care. The ElderChoices program provides services for individuals aged 65 and over. The Alternatives for Adults with Physical Disabilities Home and Community-Based Waiver Program (AAPD) provides services for individuals aged 21 through 64.

**26105      History of ElderChoices and AAPD Waiver      07-01-07**

- ◆ ElderChoices: Arkansas implemented the Alternative Community Services (ACS) Program for the Aged (ElderChoices) effective August 1, 1991. Authorization for the ElderChoices program was established by Section 2176 of the Omnibus Budget Reconciliation Act of 1981, Public Law 97-35.
- ◆ Alternatives for Adults with Physical Disabilities Waiver: Federal Regulations at 42 CFR 435.217 allows states to provide home and community based waiver services to physically disabled individuals under age 65 as an alternative to institutionalization.

On July 1, 1997, Arkansas implemented the statewide Alternatives for Adults with Physical Disabilities Home and Community Based Waiver Program (AAPD) for individuals aged 21 through 64.

\* Effective July 1, 2007, AAPD recipients turning age 65 will have a choice of remaining in the AAPD waiver or transitioning to ElderChoices.

**26110      Scope of Services      07-01-07**

- ◆ ElderChoices: Services available through this program include:
  - Homemaker Services
  - Chore Services
  - Home Delivered Meals
  - Personal Emergency Response System
  - Adult Day Health Care
  - Adult Foster Care
  - Respite Care
  - Adult Day Care
- ◆ AAPD Waiver: Services available through this program are available to a limited number of recipients and include:
  - \* ■ Attendant Care
    - consumer directed/co-employer
    - traditional agency services

- \* ■ Environmental Accessibility Adaptation Services
  - case management/counseling support

Both ElderChoices and AAPD Waiver recipients are eligible for the full range of Medicaid benefits. However, the individual must accept the services provided by the Waiver program for which they apply to be eligible for Medicaid. The need or desire for a Medicaid card only will not qualify an individual for eligibility.

Applicants for ElderChoices must be 65 years of age or older. Applications made by individuals who have not reached their 65<sup>th</sup> birthday will be screened for AAPD Waiver eligibility.

## 26115 Eligibility Requirements

07-01-07

ElderChoices and AAPD Waiver share most eligibility requirements. To be eligible for either Waiver program, an individual must meet both the non-medical and medical criteria listed below:

### I. Non-Medical Criteria

1. Income - Gross income cannot exceed the current LTC income limit. (Re: SSI Chart at Appendix S). Income is determined and verified according to LTC guidelines (Re. MS 3340-3348). VA A&A and CME/UME will be disregarded as income for eligibility. The spousal rules for income do not apply to either AAPD or ElderChoices as the individual makes no contribution toward the cost of care.

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2. Resources - Total countable resources cannot exceed the current LTC limitations. Resources are determined and verified according to LTC guidelines (Re. MS 3330). The spousal rules for resources at MS 3337 - 3338.12 apply to ElderChoices and AAPD Waiver applicants and recipients.

The transfer of resource provisions will apply. If assets have been transferred during the look back period, a period of ineligibility for Waiver services will be imposed for uncompensated value.

3. Citizenship - It must be verified that the individual is a citizen of the United States or a lawfully admitted qualified alien (Re. MS 6700).
4. Residency - The individual must be a resident of Arkansas (Re. MS 2200).
5. Social Security Enumeration - The individual must meet the Social Security Enumeration requirement (Re. MS 1390).
6. Cost Effectiveness - The average cost of services provided to individuals in the community must be less than the cost of services for those individuals if they were in an institution. This determination will be made by DAAS.
7. ElderChoices Recipients must be age 65 or over. AAPD recipients must be age 21 through 64, and must be physically disabled according to SSI/SSA guidelines.

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- \* Once the AAPD recipient reaches age 65, the individual will have a choice to remain in the AAPD waiver or transition to ElderChoices.

Each eligibility requirement, with the exception of cost effectiveness, will be verified and documented in the case record at initial certification. It may be assumed by DCO that an individual applying for the ElderChoices or AAPD Waiver program will meet the cost effectiveness criteria. If at any time DAAS determines that cost effectiveness is not met, DCO will be notified by DHHS-3330 and the Waiver case will be closed.

NOTE: Medicaid only cannot be provided to an individual who is eligible for a Waiver program but who is not receiving (or will not receive) Waiver services. When certifying a Waiver case, it may be assumed that there are Waiver services available in the area where the individual lives and that the individual will receive a Waivered service within a month of certification.

It is the responsibility of DAAS to ensure that Waiver services are available. If at any time a Waiver recipient is not receiving a Waiver service, DAAS will notify the DHHS county office via the DHHS-3330 so the Waiver case can be closed.

## II. MEDICAL CRITERIA (This Section is for DAAS use only.)

Intermediate Level of Care - Individuals must be classified as requiring an Intermediate Level of Care if in an institution, as determined by Utilization Review. Individuals classified as Skilled Care patients are not eligible for Medicaid in the ElderChoices or AAPD Waiver program. To be determined a functionally disabled individual, the individual must meet at least one of the following three criteria as determined by a licensed medical professional:

1. The individual is unable to perform either of the following:
  - (A) At least one (1) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without extensive assistance from or total dependence upon another person.
  - (B) At least two (2) of the three (3) activities of daily living (ADL) of transferring/locomotion, eating or toileting without limited assistance from another person.
2. The individual has a primary or secondary diagnosis of Alzheimer's disease or related dementia and is cognitively impaired so as to require substantial supervision from another individual because he or she engages in inappropriate behaviors which pose serious health or safety hazards to himself or others.
3. The individual has a diagnosed medical condition, which requires monitoring, or assessment at least once a day by a licensed medical professional and the condition, if untreated, would be life threatening.

No individual who is otherwise eligible for Waiver services shall have his or her eligibility denied or terminated solely as the result of a disqualifying episodic medical condition or

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The SSI related income and resource criteria located in the MSP 3000 section will be followed. SSI exclusions are not allowed from gross income in determining eligibility.

When determining an applicant's countable gross income when both spouses apply, each individual will be budgeted separately and his/her income will be compared to the current LTC limit. Only the income of the applicant will be considered for eligibility.

\* In determining resource eligibility, the current LTC resource limits will apply. A single applicant's resources will be compared to the one-person limit. When there is a married couple and both apply, their combined resources will be compared to the couple's resource limit. If only one individual of a couple applies for ElderChoices or AAPD Waiver, the rules for spousal resources at MS 3337-3338.12 will apply. The DCO-710 will be used to compute the initial assessment. .

**26150      No Contribution to the Cost of Care      04-01-03**

After the initial eligibility determination has been made, all income of the ElderChoices or AAPD Waiver recipient will be disregarded. Waiver recipients are not required to make a contribution to the cost of their care.

**26155      Approvals for New Applicants      10-01-04**

This policy, and the process outlined in MS 26156-26159 that determines the waiver eligibility date, will apply to applicants entering Waiver programs from both the community and from institutions.

If there is a closed case number on file for the client, this number will be used to open the ElderChoices or AAPD Waiver case.

When certifying an eligible couple, each will be entered into the system using separate case numbers.

The gross income of an eligible individual will be entered in the appropriate fields in the system. The total gross income will also be entered as Protected Maintenance, since Waiver recipients will not contribute to the cost of services.

The county office will notify DAAS of certifications and denials via the DHHS-3330 on the date the action is taken. The DHHS-3330 may be mailed or faxed to the DHHS RN or AAPD Counselor or placed in a designated location at the DHHS county office for the DHHS RN or AAPD Counselor to collect. A copy of the DHHS-3330 will be kept in the case record.

**26156      Approvals for New Applicants (AAPD Only)      10-01-04**

After all eligibility criteria have been established, the effective date of AAPD Waiver eligibility will be the day of the month in which the Waiver eligibility is finalized by the caseworker and keyed to the system. Unless specifically requested by the AAPD Counselor

**Scope of Services**

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When the Office of Appeals and Hearings reverses an Agency decision that an individual did not meet medical necessity requirements, a new DHHS-704 will not be issued. The final Agency decision will contain the determination of the Intermediate Level of Care. The Medicaid Begin Date will be the date of the hearing officer's decision and the Eligibility Start Date on the Waiver portion of the case will be the same as the Action Date. As no Level of Care Review Date will be given, the caseworker will enter a date 12 months after the date of the hearing officer's decision.

NOTE: If Waiver services were provided and the applicant dies prior to the approval of the application, Waiver eligibility will begin the date services began and end the date of death if all other eligibility requirements are met.

\* **26169      Choice of Services for AAPD Recipients Turning Age 65      07-01-07**

When an AAPD Waiver recipient reaches the age of 65, the recipient will have a choice of remaining in the AAPD waiver or transitioning to ElderChoices. The choice of remaining in the AAPD waiver after reaching the age of 65 is only granted to current recipients of the AAPD waiver. If an application for ElderChoices is not received by the DHHS caseworker after the AAPD recipient has reached the age of 65, the AAPD waiver will remain open. If the AAPD recipient requests to be transitioned to ElderChoices, the AAPD waiver case will remain open until the ElderChoices application has been approved. If the ElderChoices application is denied, the AAPD waiver case will remain open.

Individuals aged 65 or over making initial application will not be allowed to apply for the AAPD waiver. When an individual reaches age 65 and the AAPD waiver case is closed, the individual may not reapply for the AAPD waiver unless the case was closed in error.

\* **26170      Transitioning to ElderChoices      07-01-07**

If an AAPD recipient chooses to transition to ElderChoices, the recipient must submit a new application for the ElderChoices program. The AAPD recipient will be allowed to submit an application at any time up to 60 days prior to his or her 65<sup>th</sup> birthday. If the individual submits an application more than 60 days before the 65<sup>th</sup> birthday, the application will be denied, and the applicant advised when to reapply.

Medical necessity determined for AAPD will not carry over to the ElderChoices program. The caseworker will send a DHHS-3330 to the DHHS RN, and the RN will complete an in-home assessment. The DHHS-704 establishing medical necessity for ElderChoices must be received before the ElderChoices case can be approved.

If ElderChoices eligibility is finalized on or before the individual's 65<sup>th</sup> birthday, the Medicaid card will remain active. The Medicaid portion of the case will remain open, but the Waiver portion will be closed the day before the 65<sup>th</sup> birthday. The Waiver portion for ElderChoices will be opened beginning the day of the 65<sup>th</sup> birthday.