

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. 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. 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. 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.



Division of Medical Services
Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – IndependentChoices
DATE: November 1, 2009
SUBJECT: Provider Manual Update Transmittal #18

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Lists various section numbers and their effective dates for removal and insertion.

Explanation of Updates

Section 200.100 is included to add information regarding the Communications Manager and the Decision-Making Partner and to change personal assistant services to personal assistance services. The effective date of the program has also been changed from March 1 to April 1, 2008.
Section 200.200 is included to provide information regarding Homemaker services to the Eligibility section of IndependentChoices policy. Personal assistant services has been changed to personal assistance services.

Sections 202.100 and 202.200 are included to change representative to Decision-Making Partner and personal assistant services to personal assistance services.

Section 202.300 is included to add Homemaker services information to the Enrollment section, change personal assistant services to personal assistance services, change representative to Decision-Making Partner and to make other small changes in wording that do not affect eligibility.

Section 202.500 is included to change personal assistant services to personal assistance services.

Section 202.600 is included to change representative to Decision-Making Partner.

Section 202.800 is included to change representative to Decision-Making Partner.

Section 202.900 is included to change representative to Decision-Marking Partner.

Section 220.100 is included to add information regarding Homemaker services to the Cash Allowance section.

Section 220.200 is included to change representative to Decision-Making Partner.

Section 220.210 is included to provide information regarding non-Hospice care status.

Section 220.300 is added to include Homemaker services in the list of services provided by IndependentChoices and to provide a description of, and limits to the service.

Section 230.100 is included to change representative to Decision-Making Partner.

Section 231.100 is included to change personal assistant services to personal assistance services.

Section 231.600 is included to change representative to Decision-Making Partner.

Section 232.000 is included to change representative to Decision-Making Partner.

Section 250.200 is included to change representative to Decision-Making Partner.

Section 260.100 is included to change personal assistant services to personal assistance services.

Section 260.420 is included to change representative to Decision-Making Partner.

Section 260.430 is included to change representative to Decision-Making Partner.

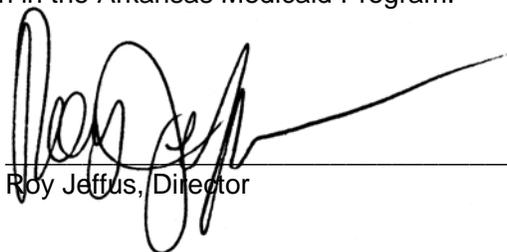
The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

## SECTION II - INDEPENDENTCHOICES

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## 200.100 IndependentChoices

11-1-09

The Arkansas Department of Human Services (DHS) was granted an 1115 Research and Demonstration waiver to implement IndependentChoices, a Cash and Counseling Demonstration and Evaluation Project in 1998. On April 1, 2008, the IndependentChoices program became a state plan service under 1915(j) of the Social Security Act. IndependentChoices is operated by the Division of Aging and Adult Services (DAAS). The program offers Medicaid-eligible aged and disabled individuals an opportunity to self-direct their personal assistant services.

The IndependentChoices program has been operational since 1998. Some of the results of evaluations performed by Mathematica Policy Research, Inc. specifically identified these results that may positively impact community services in Arkansas:

- A. IndependentChoices decreased unmet needs.
- B. IndependentChoices improved lives.
- C. IndependentChoices participants were less likely to have contractures or urinary tract infections develop or worsen.
- D. Nursing home costs decreased by 18% over a three year period for IndependentChoices participants.

Operation of the IndependentChoices program as a state plan service will use the positive foundation established through lessons learned as an 1115 Research and Demonstration Waiver to continue to offer opportunities for improved life in the community.

IndependentChoices seeks to increase the opportunity for consumer direction and control for Medicaid beneficiaries receiving or needing personal assistant services. Personal Assistant services in IndependentChoices include state plan personal care for Medicaid beneficiaries and Adult Companion and Homemaker services for ElderChoices beneficiaries. IndependentChoices offers an allowance and counseling services in place of traditional agency-provided personal assistance services and items related to personal assistance needs.

The participant or designee is the employer and accepts the responsibility in directing the work of their employee to the degree necessary to meet their individual needs for assistance with activities of daily living and instrumental activities of daily living.

If the IC participant can make decisions regarding his or her care but does not feel comfortable reading and filling out forms or talking on the phone, he or she can appoint a Communications Manager. The Communications Manger can act as the participant's voice and complete and sign forms, etc., but will not make decisions for the participant. The Communications Manager will not hire, train, supervise or fire the personal assistant for the IC participant.

If the participant needs someone to hire and supervise the personal assistant, make decisions about care and administer the cash expenditure plan as well as complete all forms, a Decision-Making Partner will be appointed.

IndependentChoices participants or their Decision-Making Partners must be able to assume the responsibilities of becoming an employer by hiring, training, supervising and firing if necessary their directly hired workers. In doing so the program participant accepts the risks, rights and responsibilities of directing their care and having their health care needs met.

The IndependentChoices program respects the employer authority of the Medicaid beneficiary who chooses to direct his or her care by hiring an employee who will be trained by the employer or **Decision-Making Partner** to provide assistance how, when, and where the employer or **Decision-Making Partner** determines will best meet the participant's individual needs. The Medicaid beneficiary assumes the risks, rights and responsibilities of having their health care needs met in doing so.

## 200.200 Eligibility

11-1-09

To be eligible for IndependentChoices, a participant must:

- A. Be 18 years of age or older
- B. Be eligible for Medicaid, as determined by the DHS Division of County Operations, in a category that covers personal care, or be eligible for Supplemental Security Income (SSI) through the Social Security Administration, or be eligible for ElderChoices and determined in need of Adult Companion services, **Homemaker services** or personal care by the DAAS Registered Nurse (RN)
- C. Be receiving personal **assistance** services or be medically eligible to receive personal **assistance** services. Personal **assistance** services include state plan personal care, ElderChoices adult companion services **and ElderChoices Homemaker services**.
  1. **Personal Care:** In determining eligibility and level of need for personal care, IndependentChoices follows policy found in the Arkansas Medicaid Personal Care Provider Manual.
  2. **Adult Companion Services:** The ElderChoices RN must determine and authorize adult companion services based on ElderChoices policy.
  3. **Homemaker Services:** The ElderChoices RN must determine and authorize **ElderChoices Homemaker services according to ElderChoices policy.**
- D. Not be living in a home or property owned, operated or controlled by a provider of services unless the provider is related by blood or marriage to the participant. This includes single family homes, group homes, adult family homes, congregate settings, a living situation sponsored or staffed by an agency provider, etc.
- E. Be willing to participate in IndependentChoices and understand the rights, risks and responsibilities of managing his or her own care with an allowance; or, if unable to make decisions independently, have a willing representative decision-maker who understands the rights, risks and responsibilities of managing the care of the participant with an allowance.

## 202.100 Participants

11-1-09-

Individuals meeting participant eligibility requirements may enroll in the program. Personal contact will be made by telephone and in person to determine the individual's ability to understand the requirements for directing his or her own personal **assistance** services. Individuals who are not comfortable with this responsibility or who are determined to be unable to understand this responsibility will be asked to identify a **Decision-Making Partner**. Individuals who are unable to understand the risks, rights and responsibilities of managing personal **assistance** services with an allowance and who do not have anyone to serve as a **Decision-Making Partner** will be discouraged from participating in IndependentChoices.

If the individual has a mental or cognitive limitation that restricts him or her from voicing his or her preferences and self-directing his or her care, the individual will not be able to participate in IndependentChoices without a **Decision-Making Partner**. Individuals able to voice their preferences and self-direct their care, but having limitations that hinder their ability to keep up with the paperwork involved, such as signing timesheets, etc., **may designate a Communications Manager to assist them. If they do not have a Communications Manager to designate, they may still participate, but** will be followed with intensified counseling to give them the opportunity to self-direct. If at any time the individual's health and safety is jeopardized because of the inability to self-direct his or her care and there is no **Decision-Making Partner** available, the individual will be disenrolled from IndependentChoices.

## 202.200 **Decision-Making Partners**

11-1-09

A **Decision-Making Partner** will be required if the individual interested in participating has a court-appointed legal guardian, other appointed **representative**, i.e., power of attorney, or an established payee of income. A **Decision-Making Partner** will also be required for any potential enrollee or participant who is:

- A. Unable to understand his or her own care needs
- B. Unable to make decisions about his or her care
- C. Unable to organize his or her life style and environment by making these choices
- D. Unable to understand how to recruit, hire, train and supervise personal assistants
- E. Unable to understand the impact of his or her decisions and assume responsibility for the results
- F. Noncompliant with project objectives when circumstances indicate a change of competency or ability to self direct

The enrollee, counseling staff, or a representative of the fiscal agency may request a **Decision-Making Partner**. A **Decision-Making Partner** may be a legal guardian, other legally appointed **Decision-Making Partner**, an income payee, family member, or friend. The **Decision-Making Partner** may not be paid for this service and may not be an employee of the participant. A **Decision-Making Partner** must be at least 18 years of age and demonstrate a strong personal commitment to the participant and be knowledgeable of the participant's preferences. The individual chosen as **Decision-Making Partner** must be willing and capable of complying with all program criteria and responsibilities. Each **Decision-Making Partner** will be required to complete and sign a **Decision-Making Partner Screening Questionnaire (DAAS-IC-05)** and Designation for Authorized **Decision-Making Partner Form (DAAS-IC-05A)**.

## 202.300 **Enrollment**

11-1-09

The Division of Aging and Adult Services is the point of entry for all enrollment activity for IndependentChoices. The program will be limited to no more than 7,500 active participants at any given time.

The individual or their **designee** will first call the IndependentChoices toll-free number at 888-682-0044 to speak with an IndependentChoices counselor. The counselor will provide information to the individual about the program and verify that the individual is currently enrolled in a Medicaid category that covers personal **assistance** services. If the individual is currently enrolled in an appropriate Medicaid category and is interested in participating in IndependentChoices, the counselor will enter the individual's information into a DAAS database.

Based on the individual's county of residence, the IndependentChoices counselor will either continue working with the individual through the enrollment process, or refer the individual to the contracted counseling agency for the individual's area of the state. If the individual is not currently enrolled in an appropriate Medicaid category, the counselor will refer the individual to the DHS County Office for eligibility determination.

The counselor, **nurse and fiscal agent** will then work with the individual to complete the enrollment forms either by mail and telephone contact or by a face-to-face meeting. The individual will be provided with "My IndependentChoices Handbook," which explains the individual's responsibilities regarding enrollment and continuing participation. The individual must complete the forms in the Enrollment Packet, which consists of the Participant Responsibilities and Agreement, the Backup Personal Assistant and the Authorization to Disclose Health Information. The participant must also complete the forms in the Employer Packet, which includes the Limited Power of Attorney and IRS forms related to being a household employer. Each personal assistant must complete the forms in the Employee Packet which include the standard tax withholding forms normally completed by an employee, the I-9, a Participant/Personal Assistant Agreement, Employment Application and a Provider Agreement. The packets each include step-by-step instructions on how to complete the forms. IndependentChoices staff will be available to the individual, **Decision-Making Partner/Communications Manager** and the personal assistant to help complete the forms and answer any questions.

As part of the enrollment process, the IndependentChoices RN will complete an assessment using the DMS-618, Personal Care Assessment and Service Plan, and/or Minimum Data Set – Home Care (MDS-HC) instrument. The assessment will determine how many hours of personal assistance services are needed by the participant. **NOTE:** For ElderChoices beneficiaries, the ElderChoices RN will determine the number of personal care, Adult Companion Services and **Homemaker** hours needed. The ElderChoices plan of care will reflect that the beneficiary chooses IndependentChoices as the provider. If the IndependentChoices RN believes the beneficiary needs a different number of hours than what is stated on the ElderChoices plan of care, the IndependentChoices RN will discuss the need with the ElderChoices RN. The ElderChoices RN will make the final decision on the number of hours needed by the beneficiary. IndependentChoices staff will obtain physician authorization for the hours indicated on the ElderChoices Plan of Care.

After the in-home assessment, the IndependentChoices RN will complete the paperwork and send the information to the IndependentChoices counselor. The counselor will process all of the completed enrollment forms. The DMS-618 and/or MDS-HC Summary, which includes the cap triggers and the number of hours of services needed, will be sent to the participant's physician for authorization. State and IRS tax forms will be retained by the fiscal agent.

Personal care assessments for participants aged 21 years or older and authorized by the participant's physician in excess of 14.75 hours per week will be forwarded by the participant's counselor to Utilization Review in the Division of Medical Services for approval. [View or print Utilization Review contact information.](#) For individuals under age 21, all personal care hours must be authorized through Medicaid's contracted Quality Improvement Organization (QIO), QSource of Arkansas. [View or print QSource of Arkansas contact information.](#)

IndependentChoices follows the rules and regulations found in the Arkansas Medicaid Personal Care Provider Manual in determining and authorizing personal care hours. When the approval by Utilization Review is received, or the individual needs 14.75 hours or less per week, the IndependentChoices Counselor will contact the participant or **Decision-Making Partner/Communications Manager** to develop the cash expenditure plan. The participant and the counselor will also determine when IndependentChoices services can begin. If the

participant is currently receiving personal care through an agency, IndependentChoices will begin 7 days from the time DAAS sends a letter to the personal care agency informing the agency to stop services. If the client is not receiving agency personal care services, the start date will be the date the IndependentChoices RN completes the assessment if personal care is already being provided by the participant's **personal assistant** or the date the participant's **personal assistant** will begin working for the participant. At no time will services begin prior to the first day of the previous month unless authorized by the Division of Aging and Adult Services.

**202.500 Personal Assistance Services Plan 11-1-09**

An individualized personal **assistance** service plan, signed and dated by the participant's personal physician constitutes the physician's personal assistant services authorization. All services must be prior approved through the service plan.

**202.600 Cash Expenditure Plan 11-1-09**

The amount of the Cash Expenditure Plan (CEP) is determined by the assessment performed by the IndependentChoices RN. The counselor and the participant or **Decision-Making Partner** will work together to develop the CEP, which may be updated and revised whenever a need arises. The CEP is intended to be a blueprint of how the monthly allowance may be spent to meet the needs identified in the service plan. The CEP may include a ten percent discretionary expenditure per the amount of the participant's plan but may not exceed \$75.00. The discretionary expenditure is used to purchase personal hygiene items and does not require the participant to maintain receipts for the purchase. For reporting purposes, discretionary purchases will be self-declared by the participant and will be part of the quarterly reporting requirement performed by the fiscal agent. However, if the participant has a **Decision-Making Partner**, the **Decision-Making Partner** must account for 100% of the allowance with appropriate documentation

**202.800 Work Agreements 11-1-09**

The IndependentChoices counselor will assure that a written work agreement DAAS-IC-17 is executed between the participant or **Decision-Making Partner** and each of his/her employees. The purpose of the agreement is to clearly identify the tasks to be performed by the participant's employee. The participant as the employer will detail the tasks to be performed within each work day. Both the participant/**Decision-Making Partner** and the assistant will retain a copy of the agreement for their records.

**202.900 Back-up Plans 11-1-09**

Naming a back-up worker is required for participation in IndependentChoices. The counselor will assist the participant or **Decision-Making Partner** in developing a back-up plan to outline how the participant's needs will be met should the assistant be absent from the home for any reason. The back-up plan must identify caregivers, either formal or informal, who will provide back-up personal attendant services.

**220.100 Cash Allowance 11-1-09**

The cash allowance allows the program participant to purchase those services that help the program participant receive assistance at times of the day that best meet his or her individual preferences. The allowance also supports the purchase of goods and services that lessen the need for human assistance while increasing the participant's ability to maintain independence in the community.

Primarily the allowance is used to pay the participant's employee's salary. The list of services listed below was developed by the IndependentChoices Advisory Committee comprised of representatives from Area Agencies on Aging, Department of Health, Spinal Cord Commission and advocates. Not all of these services are widely used, but the availability of these services on an individual basis has impacted the quality of life of individual program participants.

Following is a list of possible uses of the cash allowance:

- A. Personal Assistance Services including personal care, Adult Companion services and Homemaker services for ElderChoices beneficiaries
- B. Medical related transportation not provided through the Non-Emergency Transportation (NET) Waiver
- C. Prescription Medication Not Covered by Insurance, Medicaid or Medicare Part D
- D. Over-the-counter Drugs
- E. Adaptive Equipment (Purchase or Rental)
- F. Communication Devices
- G. Discretionary Cash used to purchase personal hygiene items
- H. Home Modifications
- I. Emergency Food and Clothing
- J. Safety Devices
- K. Technology (Computers)
- L. Environmental Equipment
- M. Emergency Pest Control
- N. Emergency Housing
- O. Emergency Utilities
- P. Education
- Q. Service Animal Purchase and Maintenance
- R. Other, with approval by the Division of Aging and Adult Services

## 220.200 Personal Assistance Services

11-1-09

The primary use of the monthly allowance is to purchase personal assistance services to meet the participant's personal assistance needs. Assistants will be recruited, interviewed, hired and managed by the Decision-Making Partner. Family members, other than those with legal responsibility to the participant may serve as personal assistants. A court appointed legal guardian or spouse may not serve as a Personal Assistant.

After an assistant is selected, the participant/ Decision-Making Partner, in consultation with the IndependentChoices counselor, will identify the exact tasks to be completed by the assistant and a Work Agreement will be completed and signed by all parties involved.

**220.210 Non-Hospice Care Status**

11-1-09

Medicaid beneficiaries who have elected hospice care under Title XVIII (Medicare) or Title XIX (Medicaid) and who have not revoked the election are not eligible to participate in IndependentChoices.

Hospice services include a personal care component. Therefore, Personal Care services and IndependentChoices participation are duplicative as the per diem for Hospice services includes the provision of personal care services. ElderChoices participants receiving only Adult Companion or Homemaker Services may be eligible for Hospice if Hospice is included in the ElderChoices plan of care and the participant otherwise meets all criteria and requirements of the Hospice program.

**220.300 Homemaker Services**

11-1-09

In-home services are designed to reduce or prevent inappropriate institutionalization by maintaining, strengthening or restoring an eligible client's function in his or her own home. IndependentChoices allows ElderChoices beneficiaries the choice of self-directed Homemaker Services rather than receiving Homemaker services through a certified agency.

Homemaker services provide basic upkeep and management of the home and household assistance, such as:

- A. Menu planning
- B. Meal preparation
- C. Laundry
- D. Essential shopping and errands
- E. Simple household tasks

Simple household tasks may include, but are not limited to, washing windows, cleaning ceiling fans and light fixtures, cleaning the refrigerator and washing inside walls.

Medically oriented personal care tasks are not included as part of this service.

Homemaker services must be provided according to the client's written plan of care.

The ElderChoices RN will determine the number of hours of Homemaker Services needed by the participant as indicated on the ElderChoices Plan of Care. If the participant chooses to self-direct Homemaker Services, the ElderChoices RN will refer the participant to the IndependentChoices program by sending the plan of care to the IC RN, notating that IC was selected.

**230.100 Benefit Limits**

11-1-09

Benefits are limited by the amount of the participant's allowance. Each individual participant has a maximum allowance based on his or her individual service plan. The Division of Aging and Adult Services will authorize the allowance through an eligibility screen on the MMIS. Payment is made prospectively by the Medicaid fiscal intermediary. The participant's allowance will be issued monthly directly from the Medicaid fiscal intermediary to the IndependentChoices fiscal agent as long as the individual remains Medicaid eligible and the individual is not receiving hospice or nursing facility services. The IndependentChoices fiscal agent will disburse the cash

allowance in accordance with the approved cash expenditure plan and timesheets completed by the participant or **Decision-Making Partner** and signed by the personal attendant twice monthly in equal intervals.

**231.100 Loss of Medical Eligibility for Personal Assistant Services 11-1-09**

If at any time the IndependentChoices nurse determines that personal **assistance** services are not necessary for an IndependentChoices participant, the participant's IndependentChoices case will be closed after a 10-day notice and DAAS staff terminate the eligibility.

**231.600 Involuntary Disenrollment 11-1-09**

Participants may be disenrolled for the following reasons:

- A. **Health, Safety and Well-being:** At any time that DAAS determines that the health, safety and well-being of the participant is compromised by continued participation in the IndependentChoices Program, the participant may be returned to the traditional personal care program.
- B. **Change in Condition:** Should the participant's ability to direct his or her own care diminish to a point where he or she can no longer do so and there is no **Decision-Making Partner** available to direct the care, the IndependentChoices case will be closed.
- C. **Misuse of Allowance:** Should a participant or the **Decision-Making Partner** who is performing all of their payroll functions (and not using the fiscal agent) use the allowance to purchase items unrelated to personal care needs, fail to pay the salary of an assistant, misrepresent payment of an assistant's salary, or fail to pay related state and federal payroll taxes, the participant or **Decision-Making Partner** will receive a warning notice that such exceptions to the conditions of participation are not allowed. The participant will be permitted to remain on the program, but will be assigned to the fiscal intermediary, who will provide maximum bookkeeping services. The participant **or Decision-Making Partner** will be notified that further failure to follow the expenditure plan could result in disenrollment. Should an unapproved expenditure or oversight occur a second time, the participant or **Decision-Making Partner** will be notified that the IndependentChoices case is being closed and they are being returned to traditional personal **assistance** services.
- D. **Underutilization of Allowance:** The fiscal agent is responsible for monitoring on a monthly basis the use of the Medicaid funds received on behalf of the participant. If the participant is underutilizing the allowance and not using it according to the cash expenditure plan, the counselor must counsel with the participant. If the participant accrues one month of cash allowance and that amount is not identified on their cash expenditure plan, the participant will be given a two week notice informing him or her that they must comply or make adjustment to their cash expenditure plan. If the participant does not remedy the situation during the two week period, he or she will be disenrolled from IndependentChoices for not fulfilling their responsibilities as a participant. The participant can reenroll when they can execute their cash expenditure plan. At disenrollment, funds remaining in the participant's account will be returned to the Arkansas Medicaid program.

Whenever a participant is involuntarily disenrolled, the IndependentChoices program will mail a notice to close the case. The notice will provide at least 10 days but no more than 30 days before IndependentChoices will be discontinued, depending on the situation. During the transition period, the counselor will work with the participant or **Decision-Making Partner** to provide services to help the individual transition to the most appropriate services available.

**232.000 Reporting Changes in Participant's Status 11-1-09**

It is the responsibility of the participant or **Decision-Making Partner** and personal attendant to report changes to the IndependentChoices counselor immediately so that proper action can be taken. Participants or **Decision-Making Partners** may complete the IndependentChoices change form DAAS-IC-09 and send it to the IndependentChoices counselor. The copy is retained in the participant's case record. Whether or not the change results in any action, participants/**Decision-Making Partners** must report all changes in the participant's status to the IndependentChoices counselor.

**250.200 Reason for Appeal 11-1-09**

If the participant loses eligibility for personal assistance services, he or she may ask for an Informal Reconsideration according to Section 161.200 of the Medicaid Provider Manual or may appeal the decision according to Medicaid Provider Manual policy 161.300 through 169.000.

An appeal may be filed by a participant or **Decision-Making Partner** based on actions or circumstances listed below:

- A. Dissatisfaction with action taken by an IndependentChoices Counselor or Fiscal Agent
- B. Involuntary case terminations including but not limited to:
  - 1. Loss of Medicaid eligibility
  - 2. Institutionalization
  - 3. Dissatisfaction with number of personal care hours
  - 4. Health, safety or well being of participant is compromised
  - 5. Duplication of services
  - 6. IndependentChoices case closure based on noncompliance with program requirements
- C. Loss of Medicaid eligibility will result in the closure of the case. Any appeal made by the participant must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.
- D. Request for personal care hours above 14.75 denied by Utilization Review (UR) in the Division of Medical Services. Appeal will be made directly to UR. Any further appeal on this action must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.
- E. Requests for personal care hours for beneficiaries under age 21 denied by Medicaid's contracted QIO may be filed for reconsideration. Reconsideration requests must be made in writing to QSource of Arkansas and must include additional documentation to substantiate the medical necessity of the requested services. [View or print QSource of Arkansas contact information.](#) If the decision is reversed during the reconsideration review, an approval is forwarded to all relevant parties specifying the approved units and services. If the denial is upheld, the QIO issues a written notification of the decision to all relevant parties. Any further appeal on this action must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.

**260.100 Fiscal Support Services 11-1-09**

Participants in IndependentChoices will be offered an allowance in lieu of traditional agency-provided personal **assistance** services. The intended use of the cash is to purchase Personal **Assistance** Care services, Homemaker or Companion services if applicable. Purchase of items or services related to personal assistance services, or any other medically related item or service will be allowed. Use of the cash allowance will be outlined on the Cash Expenditure Plan. However, ten percent (10%) of the participant's cash allowance not to exceed \$75.00 will be considered discretionary funds. The discretionary expenditure is used to purchase personal hygiene items and does not require the participant to maintain receipts for the purchases. Requests to purchase nontraditional or unusual items over \$50.00 will require the approval of the Counselor and DAAS. The fiscal agent, or bookkeeper, will receive the participant's cash payment from Arkansas Medicaid fiscal intermediary. The Medicaid fiscal intermediary will make monthly prospective payments to the fiscal agent based on active IndependentChoices participants as indicated on the MMIS. DAAS is responsible for accurately maintaining the IndependentChoices eligibility segments.

Personal attendants will complete their timesheets and obtain the authorizing signature of the participant. The timesheet will be submitted to the fiscal agent twice monthly for time worked from the first of the month to the 15<sup>th</sup> of the month, and for the 16<sup>th</sup> to the end of the month. The fiscal agent will disburse the payroll checks on the 23<sup>rd</sup> of the month for the first half of the month and on the 8<sup>th</sup> of the month for time worked from the 16<sup>th</sup> to the end of the previous month.

The fiscal agent will perform all payroll functions. This will include preparation of payroll checks for assistants and compliance with applicable state and federal employer/employee laws.

#### 260.420 Employer Authority

11-1-09

The IndependentChoices participant is the employer of record, and as such, hires a Personal Assistant who meets these requirements:

- A. Is a US citizen or legal alien with approval to work in the US
- B. Has a valid Social Security number
- C. Signs a Work Agreement with the participant/**Decision-Making Partner**
- D. Must be able to provide references if requested
- E. Submit to a criminal background check if requested. If requested, DAAS will process the request for the criminal background check.
- F. Obtains a Health Services card from the Division of Health. if requested
- G. May not be an individual who is considered legally responsible for the client, e.g., spouse or guardian
- H. Must be 18 years of age or older
- I. Must be able to perform the essential job functions required

#### 260.430 Counselors

11-1-09

Counselors for IndependentChoices will be employed or contracted by DAAS. Counselors must possess a Bachelors degree in humanities, social science or a related field plus two years experience in social or community work pertaining to adults with chronic conditions and disabilities or a related field.

Other job related education and/or experience may be substituted for all or part of these basic requirements with approval of DAAS.

The current contract requires IndependentChoices counseling providers to perform the following:

- A. Enrollment of new participants
- B. Orientation to IndependentChoices and the concept of consumer direction
- C. Skills training on how to recruit, interview, hire, evaluate, manage or dismiss assistants
- D. Consumer-directed counseling support services
- E. Monitor IndependentChoices participants/**Decision-Making Partners**
- F. Provide quarterly reports to DAAS
- G. Use RN's to assess functional need for personal care
- H. Provide all State and Federal forms necessary for the enrolled participant to act as a "Household Employer" to the fiscal provider
- I. Inform DAAS of participant's begin and end dates and results of RN's assessment